| Case 16-22075 Doc 1 Fill in this information to identify your case: | Filed 07/08/16  | Entered 07/08/16 16:13:33<br>age 1 of 68 | Desc Main                          |
|---|---|--|------------------------------------|
| United States Bankruptcy Court for the:                             |   |  |                                    |
| Northern District of: Illinois (State)                              | <u> </u>  |  |                                    |
| Case number (if known)  | Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13 |  | Check if this is an amended filing |

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pá | art 1: Identify Yourself  |                            |   |  |  |
|----|---|----------------------------|---|--|--|
|    |   | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |  |  |
| 1. | Your full name  | Miguel                     |   |  |  |
|    |   | First name                 | First name                                    |  |  |
|    | Write the name that is on   | C.                         |   |  |  |
|    | your government-issued picture identification (for                  | Middle name                | Middle name                                   |  |  |
|    | example, your driver's  | Salazar                    |   |  |  |
|    | license or passport   | Last name                  | Last name                                     |  |  |
|    | Bring your picture identification to your meeting with the trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |  |  |
| 2. | All other names you   |                            |   |  |  |
|    | have used in the last   | First name                 | First name                                    |  |  |
|    | 8 years   |                            |   |  |  |
|    | Include your married or   | Middle name                | Middle name                                   |  |  |
|    | Include your married or maiden names.                               |                            |   |  |  |
|    |   | Last name                  | Last name                                     |  |  |
|    |   | <del></del>                |   |  |  |
|    |   | First name                 | First name                                    |  |  |
|    |   | Middle name                | Middle name                                   |  |  |
|    |   | Middle Harrie              | Wilder Hamo                                   |  |  |
|    |   | Last name                  | Last name                                     |  |  |
| 3. | Only the last 4 digits  | XXX - XX- <u>2838</u>      | xxx - xx-                                     |  |  |
|    | of your Social<br>Security number or                                | OR                         | OR  |  |  |
|    | federal Individual  | 9 xx - xx-                 | 9 xx - xx-                                    |  |  |
|    | Taxpayer  | 3 ^^ - ^^-                 | 3 ^ - ^ -                                     |  |  |
|    | Identification  |                            |   |  |  |
|    | number (ITIN)   |                            |   |  |  |

Miguel Case 16-22075 cDoc 1 Filed 07\$98416 Entered @7408/16/16/13:33 Desc Main Debtor 1 Page 2 of 68 Document Document **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): 4. Any business names I have not used any business names or EINs. I have not used any business names or EINs. and Employer Identification Business name Business name Numbers (EIN) you have used in the last 8 years Business name Business name Include trade names and EIN EIN doing business as names EIN EIN 5. Where you live If Debtor 2 lives at a different address: 357 Greenview Dr Number Street Number Street Park City 60085 Illinois City State Zip Code City State Zip Code Lake County If your mailing address is different from the one above, fill If Debtor 2's mailing address is different from yours, fill it in it in here. Note that the court will send any notices to you at this here. Note that the court will send any notices to this mailing mailing address. address. Number Street Number Street City Zip Code State City State Zip Code 6. Why you are Check one: Check one: choosing this Over the last 180 days before filing this petition, I have lived district to file for Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. in this district longer than in any other district. bankruptcy I have another reason. Explain. (See 28 U.S.C. §§ 1408.) I have another reason. Explain. (See 28 U.S.C. §§ 1408.)

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Debtor 1 Document Document Page 3 of 68 Part 2: Tell the Court About Your Bankruptcy Case 7. The chapter of the Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form **Bankruptcy Code** B2010)). Also, go to the top of page 1 and check the appropriate box. you are choosing to Chapter 7 file under Chapter 11 Chapter 12 Chapter 13 8. How you will pay the ☑ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local fee court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order... If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay Your Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. 9. Have you filed for No. bankruptcy within the last 8 years? Yes. District Case number District Case number District When Case number MM / DD / YYYY 10. Are any bankruptcy ✓ No. cases pending or being filed by a Yes, Debtor Relationship to you spouse who is not When District Case number, if known filing this case with you, or by a Debtor Relationship to you business partner, or District Case number, if known by an affiliate? 11. Do you rent your No. Go to line 12. residence?

Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with

✓ No. Go to line 12.

this bankruptcy petition.

Miguel Case 16-22075 cDoc 1 Filed 07:08:116 Entered 07/08/16/16/13:33 Desc Main Page 4 of 68 Document of the Document of th Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole ◪ No. Go to Part 4. proprietor of any full- or part-time Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than City State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. Chapter 11 of the If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow **Bankruptcy Code** statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). and are you a small business debtor? No. I am not filing under Chapter 11. For a definition of No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the small business debtor, Bankruptcy Code. see 11 U.S.C. § Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. 101(51D). Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have  $\overline{\phantom{a}}$ No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Number Street that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

Filed 07\$08£16 Entered ହୟଠଃଳୀରେ ଅବେଶ Desc Main Document Page 5 of 68 efing About Credit Counseling 

## 15.

| Explain four End   | its to Receive a Di                            | lening About Credit Counseling   |   |   |  |
|--|--|--|---|---|--|
|  | About Debtor 1:                                |  | Ab  | out Debtor 2 (§   | Spouse Only in a Joint Case):  |
| Tell the court   | You must check one:                            |  | You   | u must check one:   |  |
| whether you have<br>received briefing<br>about credit<br>counseling.                           | counseling agenc                               | ng from an approved credit<br>y within the 180 days before I filed this<br>on, and I received a certificate of   |   | counseling agend  | ing from an approved credit<br>cy within the 180 days before I filed this<br>on, and I received a certificate of   |
| The law requires that you receive a briefing   | Attach a copy of the that you developed        | e certificate and the payment plan, if any, with the agency.   |   | Attach a copy of the that you developed   | e certificate and the payment plan, if any, with the agency.   |
| about credit<br>counseling before you<br>file for bankruptcy.<br>You must truthfully           | counseling agenc                               | I received a briefing from an approved credit<br>counseling agency within the 180 days before I filed this<br>bankruptcy petition, but I do not have a certificate of<br>completion. |   | I received a briefing from an approved credit counseling agency within the 180 days before I filed th bankruptcy petition, but I do not have a certificate of completion.   |  |
| check one of the following choices. If you cannot do so,                                       | · ·  | r you file this bankruptcy petition,<br>by of the certificate and payment  |   | •   | or you file this bankruptcy petition,<br>py of the certificate and payment   |
| you are not eligible to file.  If you file anyway, the court can dismiss                       | an approved ager services during the           | ed for credit counseling services from<br>ncy, but was unable to obtain those<br>he 7 days after I made my request, and<br>nces merit a 30-day temporary waiver<br>nt.               |   | ed for credit counseling services from<br>ncy, but was unable to obtain those<br>ne 7 days after I made my request, and<br>ances merit a 30-day temporary waiver<br>nt.   |  |
| your case, you will lose whatever filing fee you paid, and your creditors can begin collection | attach a separate sl<br>obtain the briefing, v | temporary waiver of the requirement,<br>neet explaining what efforts you made to<br>why you were unable to obtain it before you<br>and what exigent circumstances required           |   | attach a separate sobtain the briefing,   | temporary waiver of the requirement,<br>heet explaining what efforts you made to<br>why you were unable to obtain it before you<br>, and what exigent circumstances required<br>s. |
| activities again.  | •  | dismissed if the court is dissatisfied with<br>treceiving a briefing before you filed for  | Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. |   |  |
|  | receive a briefing w<br>certificate from the   | ed with your reasons, you must still ithin 30 days after you file. You must file a approved agency, along with a copy of the eveloped, if any. If you do not do so, your ssed.       |   | If the court is satisfied with your reasons, you must receive a briefing within 30 days after you file. You n certificate from the approved agency, along with a context payment plan you developed, if any. If you do not do so case may be dismissed. |  |
|  |  | e 30-day deadline is granted only for cause aximum of 15 days.   |   |   | e 30-day deadline is granted only for cause naximum of 15 days.  |
|  | I am not required counseling becau             | to receive a briefing about credit<br>use of:  |   | I am not required counseling becar  | to receive a briefing about credit use of:   |
|  | Incapacity.                                    | I have a mental illness or a mental<br>deficiency that makes me incapable of<br>realizing or making rational decisions<br>about finances.  |   | Incapacity.   | I have a mental illness or a mental<br>deficiency that makes me incapable of<br>realizing or making rational decisions<br>about finances.  |
|  | ☐ Disability.                                  | My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.                     |   | Disability.   | My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.                   |
|  | Active duty.                                   | I am currently on active military duty in a military combat zone.  |   | Active duty.  | I am currently on active military duty in a military combat zone.  |
|  | If you believe you a                           | re not required to receive a briefing about  |   | If you believe you a  | are not required to receive a briefing about   |

credit counseling, you must file a motion for waiver of credit

counseling with the court.

credit counseling, you must file a motion for waiver of credit

counseling with the court.

Miguel Case 16-22075 cDoc 1 Filed 07808/16 Entered 07/08/16 /16:13:33 Desc Main Page 6 of 68 **Answer These Questions for Reporting Purposes** 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) 16. What kind of debts as "incurred by an individual primarily for a personal, family, or household purpose." do you have? No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. 17. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? after any exempt property is excluded ✓ No. and administrative ٦ Yes. expenses are paid that funds will be available for distribution to unsecured creditors? **√** 1-49 1,000-5,000 25,001-50,000 18. How many creditors 5,001-10,000 50,001-100,000 50-99 do you estimate that 10,001-25,000 More than 100,000 you owe? 100-199 200-999 **✓** \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 19. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your assets \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion to be worth? \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 20. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion liabilities to be? \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion Part 7: Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true For you and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. x /s/ Miguel Salazar Signature of Debtor 2 Signature of Debtor 1 Executed on 7/8/2016 Executed on MM / DD / YYYY MM / DD / YYYY

Debtor 1 Miguel Case 16-22075 cDoc 1 Filed 07:08:416 Entered 07:08:416:43:33 Desc Main

First Name Middle Name Document Page 7 of 68

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /o/ Hathari Doni    | an            |          | Date | 7/8/2016    |          |
|---------------------|---------------|----------|------|-------------|----------|
| Signature of Attorr | ey for Debtor |          |      | MM / DD / Y | YYY      |
| Nathan Delman       |               |          |      |             |          |
| Printed name        |               |          |      |             |          |
| Semrad Law Firm     |               |          |      |             |          |
| Firm name           |               |          |      |             |          |
| 5101 Washington     | Street        |          |      |             |          |
| Street              |               |          |      |             |          |
| Unit 29             |               |          |      |             |          |
| Gurnee              |               | Illinois |      |             | 60031    |
| City                |               | State    |      |             | Zip Code |
|                     |               |          |      |             |          |

<u>Doc 1 Filed 07/08/16 Entered 07/0</u>8/16 16:13:33 Desc Main Fill in this information to identify your case: Debtor 1 Miguel Salazar First Name Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Northern District of Illinois (State) Case number (If known) Check if this is an amended filing Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page. **Summarize Your Assets** Your assets Value of what you own 1. Schedule A/B: Property (Official Form 106A/B) \$0.00 1a. Copy line 55, Total real estate, from Schedule A/B..... \$9,719.77 1b. Copy line 62, Total personal property, from Schedule A/B ...... \$9,719.77 1c. Copy line 63, Total of all property on Schedule A/B..... Summarize Your Liabilities Your liabilities

Your total liabilities \$19,717.81

## Part 3: Summarize Your Income and Expenses

5. Schedule J: Your Expenses (Official Form 106J)

Amount you owe

Filed 07:08:416 Miguel Case 16-22075 cDoc 1 <u>Entered</u> 07/08/16/16/13:<u>33 Desc Main</u> Debtor 1 Page 9 of 68 **Answer These Questions for Administrative and Statistical Records** Part 4: 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those incurred by an individual primarily for a personal, family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official \$4,304.40 Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: From Part 4 on Schedule E/F, copy the following: **Total claim** \$0.00 9a. Domestic support obligations (Copy line 6a.) \$160.00 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)

|                         | Case 16-22075  | Doc 1                               | Filed 07/08/16   | Entered 07/08/16  | 16:13:33                      | Desc Main   |
|-------------------------|--|-------------------------------------|--|---|-------------------------------|---|
| Fill in this i          | information to identify your case:   |                                     |  |   |                               |   |
| Debtor 1                | Miguel<br>First Name   | C.<br>Middle                        | Salaz<br>Name Last N   | zar<br>Name   |                               |   |
| Debtor 2<br>(Spouse, it | f filing) First Name   | Middle                              | Name Last N  | Name  |                               |   |
| United Sta              | ites Bankruptcy Court for the:   | Northern                            | District of II   |   |                               |   |
| Case num<br>(If known)  | ber  |                                     | (  | State)  |                               |   |
| Officia                 | I Form 106A/B  |                                     |  |   |                               | Check if this is an amended filing  |
| Sched                   | dule A/B: Prope  | rty                                 |  |   |                               | 12/1  |
| rite your               | le for supplying correct inform<br>name and case number (if kno<br>Describe Each Residence<br>own or have any legal or equ<br>No. Go to Part 2 | own). Answer eve<br>ce, Building, I | ery question.<br>Land, or Other Rea  | ıl Estate You Own or Ha                                   | •                             |   |
|                         | Yes. Where is the property?  |                                     |  |   |                               |   |
| 1.1                     | Street address, if available, or o   | other description                   | What is the property Single-family home  | Э   | the amount of an              | ecured claims or exemptions. Put<br>by secured claims on <i>Schedule D:</i><br>Have Claims Secured by Property. |
|                         |  |                                     | Duplex or multi-un Condominium or or Manufactured or m   | ooperative  | Current value entire property |   |
|                         | Number Street  City State  | Zip Code                            | Land Investment property Timeshare Other   | <i>'</i>  | interest (such a              | ature of your ownership<br>as fee simple, tenancy by<br>or a life estate), if known.                            |
|                         |  | - <b>,</b>                          | Debtor 1 only Debtor 2 only Debtor 1 and Debtor At least one of the                            | debtors and another  bu wish to add about this iter       | (see instru                   | is is community property<br>ctions)   |
| If you c                | own or have more than one, list he   | ere:                                | property lacinimount   | m number.   |                               |   |
| 1.2                     | Street address, if available, or o   | ther description                    | What is the property Single-family home Duplex or multi-un Condominium or or Manufactured or m | e<br>it building<br>ooperative                            | the amount of an              |   |
|                         | Number Street  City State  | Zip Code                            | Land Investment property Timeshare Other   | <i>'</i>  | interest (such a              | ature of your ownership<br>as fee simple, tenancy by<br>or a life estate), if known.                            |
|                         |  |                                     | Debtor 1 only Debtor 2 only Debtor 1 and Debtor  | in the property? Check one. or 2 only debtors and another | Check if th                   | is is community property<br>ctions)   |

Other information you wish to add about this item, such as local property identification number:

|                                      | First Name  | Middle Name             | <u>Filed 07\$98416 Entered 07408/14</u> Document Page 11 of 68  | ് ഷി6ം'43: <u>33 Desc Main</u>   |
|--------------------------------------|---|-------------------------|---|--|
| 1.3<br>Str                           | eet address, if available, or   | other description       | What is the property? Check all that apply.  Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home  | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.  Current value of the entire property?  Current value of the portion you own?                       |
| Nu<br>Cit                            | mber Street y State   | Zip Code                | Land Investment property  Timeshare Other   | Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.  |
|                                      |   |                         | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Other information you wish to add about this item, | Check if this is community property (see instructions)   |
|                                      |   | rite that number h      | property identification number: r all of your entries from Part 1, including any entries ere  |  |
| Do you o<br>you own th<br>B. Cars, v | wn, lease, or have legal of hat someone else drives. If your ans, trucks, tractors, sport u | r equitable interes     | t in any vehicles, whether they are registered or not?  |  |
|                                      |   | ıtility vehicles, motor | also report it on Schedule G: Executory Contracts and Unex<br>cycles  | pired Leases.  |
| 3.1                                  | Make Model: Year: Approximate mileage: Other information:                                   | Acura MDX 2001 170000   |   | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.  Current value of the entire property?  \$2925.00  Current value of the portion you own?  \$2925.00 |

| Debtor 1 | Miguel Case 16-22                       |                | <u>Filed 07:408416 Entered</u> 07:408/116   | 666413: <u>33 Des</u>  | <u>c Main</u>   |  |
|----------|---|----------------|---|--|---|--|
|          | First Name                              | Middle Name    | Document Page 12 of 68  |  |   |  |
| 3.3      | Make                                    | Nissan         | Who has an interest in the property? Check  |  | laims or exemptions. Put  |  |
|          | Model:<br>Year:                         | Altima<br>2001 | one.  | •  | ed claims on <i>Schedule D:</i> aims Secured by Property.   |  |
|          | Approximate mileage:                    | 160000         | Debtor 1 only   | Orcanois Who have on   | ains occured by 1 topolty.  |  |
|          | , pp. oa.eeage.                         |                | Debtor 2 only   | Current value of the   | Current value of the  |  |
|          | Other information:                      |                | Debtor 1 and Debtor 2 only  | entire property?   | portion you own?  |  |
|          |   |                | At least one of the debtors and another   | \$650.00   | \$650.00  |  |
|          |   |                | Check if this is community property (see instructions)  |  |   |  |
| 3.4      | Make                                    |                | Who has an interest in the property? Check  | Do not deduct secured of   | laims or exemptions. Put  |  |
|          | Model:                                  |                | one.  | the amount of any secured claims on Schedule D:                            |   |  |
|          | Year:                                   |                | Debtor 1 only   | Creditors Who Have Cla   | aims Secured by Property.   |  |
|          | Approximate mileage:                    |                | Debtor 2 only   | Current value of the   | Current value of the  |  |
|          | Other information:                      |                | Debtor 1 and Debtor 2 only  | entire property?   | portion you own?  |  |
|          |   |                | At least one of the debtors and another   |  |   |  |
|          |   |                | Check if this is community property (see instructions)  |  |   |  |
| <b>✓</b> | No<br>Yes                               |                |   |  |   |  |
| 4.1      | Make                                    | Searay         | Who has an interest in the property? Check  |  | laims or exemptions. Put  |  |
|          | Model:<br>Year:                         | 1992           | one.  | •  | ed claims on <i>Schedule D:</i> aims Secured by Property.   |  |
|          | Approximate mileage:                    | 1992           | ✓ Debtor 1 only   | Creditors willor lave Cit  | airis secured by Froperty.  |  |
|          |   |                | Debtor 2 only   | Current value of the   | Current value of the  |  |
|          | Other information: Watercraft           |                | Debtor 1 and Debtor 2 only  | entire property?<br>\$400.00   | portion you own?  |  |
|          | vvaleiciait                             |                | At least one of the debtors and another   | ψ-100.00   | \$400.00  |  |
|          |   |                | The loads one of the desire and another   |  | \$400.00  |  |
|          |   |                | Check if this is community property (see instructions)  |  | \$400.00  |  |
| 4.2      | Make                                    |                | Check if this is community property (see instructions)  Who has an interest in the property? Check  |  | laims or exemptions. Put  |  |
| 4.2      | Model:                                  |                | Check if this is community property (see instructions)  Who has an interest in the property? Check one.   | the amount of any secure   | laims or exemptions. Put ed claims on <i>Schedule D:</i>  |  |
| 4.2      | Model:<br>Year:                         |                | Check if this is community property (see instructions)  Who has an interest in the property? Check one.  Debtor 1 only  | the amount of any secure   | laims or exemptions. Put  |  |
| 4.2      | Model:                                  |                | Check if this is community property (see instructions)  Who has an interest in the property? Check one.   | the amount of any secure   | laims or exemptions. Put ed claims on <i>Schedule D:</i>  |  |
| 4.2      | Model:<br>Year:                         |                | Check if this is community property (see instructions)  Who has an interest in the property? Check one.  Debtor 1 only  | the amount of any secure<br>Creditors Who Have Cla                         | laims or exemptions. Put ed claims on Schedule D: nims Secured by Property.                       |  |
| 4.2      | Model:<br>Year:<br>Approximate mileage: |                | Check if this is community property (see instructions)  Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only                            | the amount of any secure<br>Creditors Who Have Cla<br>Current value of the | laims or exemptions. Put ed claims on Schedule D: nims Secured by Property.  Current value of the |  |
| 4.2      | Model:<br>Year:<br>Approximate mileage: |                | Check if this is community property (see instructions)  Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | the amount of any secure<br>Creditors Who Have Cla<br>Current value of the | laims or exemptions. Put ed claims on Schedule D: nims Secured by Property.  Current value of the |  |

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| Part 3: Describe                       | Your Personal and Household Items  |  |
|--|--|--|
| Do you own or                          | have any legal or equitable interest in any of the following items?  | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| 6. Household goo                       | ds and furnishings   |  |
| Examples: Major a                      | ppliances, furniture, linens, china, kitchenware   |  |
| ☐ No                                   |  |  |
| ✓ Yes. Describe                        | Used Furniture   | \$750.00   |
|  |  | 47 00.00   |
| 7. Electronics Examples: Televisi      | ons and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music  |  |
| ☐ No                                   |  |  |
| ✓ Yes. Describe                        | x1 television  |  |
| 8. Collectibles of                     | value  |  |
|  | es and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; coin, or baseball card collections; other collections, memorabilia, collectibles |  |
| <b>✓</b> No                            |  |  |
| Yes. Describe                          |  |  |
| 9 Equipment for                        | sports and hobbies   |  |
| Examples: Sports,                      | photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes<br>/aks; carpentry tools; musical instruments                               |  |
| ✓ No                                   |  |  |
| Yes. Describe                          |  |  |
| 10. Firearms                           |  |  |
|  | rifles, shotguns, ammunition, and related equipment  |  |
| ✓ No                                   |  |  |
| Yes. Describe                          |  |  |
|  |  |  |
| 11. Clothes Examples: Everyd           | ay clothes, furs, leather coats, designer wear, shoes, accessories   |  |
| ☐ No                                   |  |  |
| Yes. Describe                          | Used Clothing  | \$350.00   |
| 12. Jewelry                            |  |  |
|  | y jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, lver   |  |
| V No                                   |  |  |
| Yes. Describe                          |  |  |
|  |  |  |
| 13. Non-farm anin<br>Examples: Dogs, o |  |  |
| ✓ No                                   |  |  |
| Yes. Describe                          |  |  |
| 14 Any other pers                      | conal and household items you did not already list, including any health aids you did not list   |  |
| ✓ No                                   | ional and notice for the first and any not, motiving any nearth and you did not list   |  |
| Yes. Describe                          |  |  |
| 15. Add the dollar                     | value of all of your entries from Part 3, including any entries for pages you have attached  | Ø4400.00   |
|  | at number here   | \$1100.00  |

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**Describe Your Financial Assets** 

| Do  | you own or have a  | ny legal or equitable inter                                    | rest in any of the following         | g?                           | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
|-----|--|--|--------------------------------------|------------------------------|--|
|     | ✓ No   | e in your wallet, in your home, in a sa                        | afe deposit box, and on hand when yo | ou file your petition  Cash: |  |
| 17. | Deposits of money Examples: Checking, say and other similar inst  No | dit unions, brokerage houses,<br>h.                            |                                      |                              |  |
|     | <b>✓</b> Yes   |  | Institution name:                    |                              |  |
|     |  | 17.1. Checking account:  | PNC Bank                             |                              | \$97.77  |
|     |  | 17.2. Checking account:  |                                      |                              |  |
|     |  | 17.3. Savings account:   |                                      |                              |  |
|     |  | 17.4. Savings account:   |                                      |                              |  |
|     |  | 17.5. Certificates of deposit:                                 |                                      |                              |  |
|     |  | 17.6. Other financial account:                                 |                                      |                              |  |
|     |  | 17.7. Other financial account:                                 |                                      |                              |  |
|     |  | 17.8. Other financial account:                                 |                                      |                              |  |
|     |  | 17.9. Other financial account:                                 |                                      |                              |  |
| 18. | Examples: Bond funds, in   | or publicly traded stocks<br>evestment accounts with brokerage | firms, money market accounts         |                              |  |
|     | ✓ No ☐ Yes   | Institution or issuer name:                                    |                                      |                              |  |
|     |  |  |                                      |                              |  |
| 19. | Non-publicly traded sto<br>an LLC, partnership, a                    |  | ed and unincorporated business       | es, including an interest in |  |
|     | Yes. Give specific information about them                            | Name of entity   |                                      | % of ownership:              |  |
|     |  |  |                                      |                              |  |

Miguel Case 16-22075 cDoc 1 Filed 07:08:416 Entered 07:08:416:43:33 Desc Main Document Page 15 of 68 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. Yes. Give specific information about Issuer name: them.... 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ No Type of account: Institution name: Yes. List each \$1000.00 account separately. 401(k) or similar plan: Principal Financial 401(k) or similar plan: Pension plan: Pension plan: IRA: IRA: Retirement account: Retirement account: Keogh: Keogh: Additional account: Additional account: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ☐ No Institution name: Yes.... Electric: Gas: Heating oil: \$1800.00 Security deposit on rental unit: Immitation Homes Prepaid rent: Telephone: Water: Rented furniture: Other: 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) **✓** No Issuer name and description: Yes....

| Debt | tor 1 | Miguel C<br>First Name   | ase 1                     | .6-22075  | cDoc 1          |                |                                    | Entered 0<br>Page 16 of | <b>7408/116</b> /146/13: <u>33</u><br>68 | Desc Main   |
|------|-------|--------------------------|---------------------------|---|-----------------|----------------|------------------------------------|-------------------------|--|---|
| 24.  |       |                          |                           | ation IRA, in a<br>), 529A(b), and                      |                 | n a qualifie   | d ABLE progra                      | m, or under a qua       | alified state tuition program            |   |
|      |       | No<br>Yes                | Instituti                 | on name and c   | lescription. Se | eparately file | the records of a                   | ny interests.11 U.S     | .C. § 521(c):                            |   |
| 25.  |       | rcisable f               | or your                   |   | ts in proper    | ty (other th   | an anything list                   | ed in line 1), and      | rights or powers                         |   |
|      |       | Yes. Des                 | cribe                     |   |                 |                |                                    |                         |  |   |
| 26.  | Exa   |                          | ernet don                 |   |                 |                | intellectual proyalties and licens |                         |  |   |
| 27.  |       |                          | ilding pe                 | s, and other germits, exclusive                         |                 |                | ssociation holdin                  | gs, liquor licenses     | professional licenses                    |   |
| Moı  | пеу   | or prop                  | erty ov                   | wed to you  | ?               |                |                                    |                         |  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28.  |       | refunds o                | wed to y                  | /ou   |                 |                |                                    |                         |  |   |
|      |       | abou<br>you a            | ıt them, iı<br>already fi | nformation<br>ncluding wheth<br>led the returns<br>ears |                 | & 2015 Fed     | deral Refunds                      |                         | Federal: State: Local:                   | <u>\$222.00</u>   |
| 29.  |       | nily suppo<br>mples: Pas |                           | ump sum alimo   | ony, spousal s  | upport, child  | support, mainte                    | nance, divorce sett     | ement, property settlement               |   |
|      |       | No<br>Yes. Give          | specific i                | nformation  |                 |                |                                    |                         | Alimony: Maintenance: Support:           |   |
|      |       |                          |                           |   |                 |                |                                    |                         | Divorce settlemer  Property settleme     |   |
| 30.  | Exar  | <i>mples:</i> Unp        | aid wage                  | one owes you<br>es, disability ins<br>rity benefits; un | surance paym    |                | -                                  | pay, vacation pay, v    | vorkers' compensation,                   |   |
|      |       | Yes. Desc                | ribe                      |   |                 |                |                                    |                         |  |   |

| Debt | tor 1    | Miguel Case 16 First Name   | <u>6-22075</u>   | cDoc 1         |              | <u>07<b>∮0&amp;</b>∮16</u><br>umhëtht™ | Entere<br>Page 1 |                   | 166/146/143: <u>33</u>   | Des               | <u>c Main</u>  |
|------|----------|---|------------------|----------------|--------------|--|------------------|-------------------|--------------------------|-------------------|--|
| 31.  |          | rests in insurance  <br>mples: Health, disabi                                   |                  | rance; health  |              |  | J                |                   | r's insurance            |                   |  |
|      |          | No<br>Yes. Name the insura<br>of each policy and lis                            |                  | ,              | Company na   | me:                                    |                  |                   | Beneficiary:             |                   | Surrender or refund value:   |
| 32.  | If you   | interest in property u are the beneficiary erty because someor No Yes. Describe | of a living trus |                |              |  | policy, or are o | currently entitle | d to receive             |                   |  |
| 33.  | Exar     | ms against third pa<br>mples: Accidents, em<br>No                               |                  |                |              |  | ade a dema       | nd for payme      | nt                       |                   |  |
|      |          | Yes. Describe   |                  |                |              |  |                  |                   |                          | _                 |  |
| 34.  | to s     | er contingent and one off claims  | unliquidated     | claims of ev   | ery nature,  | including co                           | unterclaims      | of the debtor     | and rights               |                   |  |
| 35.  |          | Yes. Describe financial assets yo   | u did not alre   | ady list       |              |  |                  |                   |                          |                   |  |
|      |          | No<br>Yes. Describe   |                  |                |              |  |                  |                   |                          |                   |  |
| 36.  |          | the dollar value of<br>Part 4. Write that nu                                    |                  |                |              |  |                  |                   |                          |                   | \$3119.77  |
| Part | 5:       | Describe Any B  | usiness-R        | elated Pro     | perty You    | ı Own or H                             | ave an Int       | erest In. Lis     | st any real estate       | e in P            | art 1.   |
| 37.  | Do y     | ou own or have an   | y legal or equ   | uitable intere | est in any b | usiness-relate                         | d property?      |                   |                          |                   |  |
|      |          | No. Go to Part 6.<br>Yes. Go to line 38.  |                  |                |              |  |                  |                   |                          | <b>po</b> i<br>Do | rrent value of the rtion you own? not deduct secured claims exemptions |
| 38.  | <b>✓</b> | ounts receivable or  No  Yes. Describe  | commission       | s you alread   | y earned     |  |                  |                   |                          |                   |  |
| 39.  | Offic    | ce equipment, furn  |                  |                | odems, print | ters, copiers, fa                      | x machines, r    | rugs, telephone   | es, desks, chairs, elect | ronic de          | evices   |
|      |          | No<br>Yes. Describe   |                  |                |              |  |                  |                   |                          |                   |  |

|               | tor 1 Miguel Case<br>First Name |                                  |                                  | Filed 07:08:116 Document        | Page 18 of 68                | 166/146/13: <u>33</u> D | esc Main                     |
|---------------|---------------------------------|----------------------------------|----------------------------------|---------------------------------|------------------------------|-------------------------|------------------------------|
| 40.           | Machinery, fixtures,            | equipment, su                    | pplies you use                   | e in business, and tools        | s of your trade              |                         |                              |
|               | <b>✓</b> No                     |                                  |                                  |                                 |                              |                         |                              |
|               | Yes. Describe                   |                                  |                                  |                                 |                              |                         |                              |
| 41.           | Inventory                       |                                  |                                  |                                 |                              |                         |                              |
|               | <b>✓</b> No                     |                                  |                                  |                                 |                              |                         |                              |
|               | Yes. Describe                   |                                  |                                  |                                 |                              |                         | 1                            |
| 42.           | Interests in partner            | ships or joint                   | ventures                         |                                 |                              |                         | 1                            |
|               | ✓ No                            |                                  |                                  |                                 |                              |                         |                              |
|               | Yes. Give specifi               | <b>C</b>                         | 1                                | Name of entity:                 |                              | % of ownership:         |                              |
|               | information abou                |                                  | _                                |                                 |                              |                         |                              |
|               | them                            |                                  |                                  |                                 |                              |                         |                              |
|               |                                 |                                  | -                                |                                 |                              |                         |                              |
| 43 <b>(</b>   | Customer lists, maili           | na liete or oth                  | er compilation                   | ne .                            |                              | -                       |                              |
| <b>-10.</b> C |                                 | ing insta, or our                | er compliation                   |                                 |                              |                         |                              |
|               | No No No your liets             | inaluda naraan                   | ally identifiable                | information (as defined in      | 11 11 5 6 5 101/41 5 1 2     |                         |                              |
|               | res. Do your lists              | s include person                 | ally luci liliable               | il ilomation (as defined in     | 11 0.3.0. § 101(41A))!       |                         |                              |
|               | ☐ No                            |                                  |                                  |                                 |                              |                         |                              |
|               | Yes. De                         | scribe                           |                                  |                                 |                              |                         |                              |
| 44.           | Any business-relate             | d property you                   | did not alread                   | ly list                         |                              |                         |                              |
|               | ✓ No                            |                                  |                                  |                                 |                              |                         |                              |
|               | Yes. Give specifi               | <b>^</b>                         | -                                |                                 |                              |                         |                              |
|               | information                     | <b>U</b>                         | _                                |                                 |                              |                         |                              |
|               |                                 |                                  |                                  |                                 |                              |                         |                              |
|               |                                 |                                  | _                                |                                 |                              |                         |                              |
|               |                                 |                                  | =                                |                                 |                              |                         |                              |
|               |                                 |                                  | =                                |                                 |                              |                         |                              |
|               |                                 |                                  | _                                |                                 |                              |                         |                              |
|               |                                 |                                  |                                  |                                 |                              |                         |                              |
|               |                                 | -                                |                                  |                                 | s for pages you have attac   |                         |                              |
| Part          | 6: Describe An                  | y Farm- and<br>an interest in fa | Commercia<br>irmland, list it in | al Fishing-Related I<br>Part 1. | Property You Own or I        | Have an Interest In     | ).                           |
| 46.           | Do you own or hav               | e any legal or e                 | equitable intere                 | est in any farm- or com         | mercial fishing-related prop | perty?                  |                              |
|               | No. Go to Part 7                |                                  | -                                | -                               | , ,                          | -                       | Current value of the         |
|               | Yes. Go to line 4               |                                  |                                  |                                 |                              |                         | portion you own?             |
|               |                                 |                                  |                                  |                                 |                              |                         | Do not deduct secured claims |
|               |                                 |                                  |                                  |                                 |                              |                         | or exemptions                |
| 47.           |                                 | noultry form re:                 | and fich                         |                                 |                              |                         |                              |
|               | Examples: Livestock,            | poulity, rarm-rai                | seu IISH                         |                                 |                              |                         |                              |
|               | <b>✓</b> No                     |                                  |                                  |                                 |                              |                         | 1                            |
|               | Yes. Describe                   |                                  |                                  |                                 |                              |                         |                              |

| Deb          | tor 1    | Miguel Case 16-2207 First Name                                    | 75 cDoc 1<br>Middle Name    |                            | Entered 07/08/16 /16:13:33<br>Page 19 of 68 | Desc     | Main        |
|--------------|----------|---|-----------------------------|----------------------------|---|----------|-------------|
| 48.          | Cro      | ps-either growing or harves                                       | sted                        | Document                   | 1 ago 10 01 00                              |          |             |
|              | <b>✓</b> | No  |                             |                            |   |          |             |
|              |          | Yes. Describe   |                             |                            |   |          |             |
| 49.          | Farr     | m and fishing equipment, in                                       | nplements, machi            | inery, fixtures, and tools | of trade                                    |          |             |
|              | <b>✓</b> | No  |                             |                            |   |          |             |
|              |          | Yes. Describe   |                             |                            |   |          |             |
| 50.          | Farr     | m and fishing supplies, cher                                      | micals, and feed            |                            |   |          |             |
|              | ✓        | No  |                             |                            |   |          |             |
|              |          | Yes. Describe   |                             |                            |   | _        |             |
| 51.          | Any      | farm- and commercial fishing                                      | ng-related proper           | ty you did not already lis | st  |          |             |
|              | <b>✓</b> | No  |                             |                            |   |          |             |
|              |          | Yes. Describe   |                             |                            |   | _        |             |
|              |          |   |                             |                            |   |          |             |
|              |          |   |                             |                            | for pages you have attached                 |          |             |
|              |          |   |                             |                            |   |          |             |
|              |          |   |                             |                            |   |          |             |
| Part         |          |   |                             |                            | nat You Did Not List Above                  |          |             |
| 53.          |          | you have other property of a<br>mples: Season tickets, country of |                             | ot already list?           |   |          |             |
|              | <b>✓</b> |   |                             |                            |   |          |             |
|              | _        | Yes. Give specific  |                             |                            |   |          |             |
|              |          | information   |                             |                            |   |          |             |
|              |          | -   |                             |                            |   |          |             |
| 54 Δ         | dd th    | e dollar value of all of your                                     | antries from Part           | 7 Write that number her    | 'e  | <u> </u> |             |
| J-1. A       | uu iii   | e donar value of all of your                                      |                             | 7. Write that number her   | C   |          |             |
|              |          |   |                             |                            |   |          |             |
| Part         | 8:       | List the Totals of Each   | Part of this F              | orm                        |   |          |             |
| 55. <b>F</b> | Part 1   | : Total real estate, line 2                                       |                             |                            |   |          |             |
| 56. <b>r</b> | oart 2   | total vehicles, line 5  |                             | Φ <b>.</b> Ε.00.00         |   |          |             |
|              |          | : Total personal and househ                                       | old items, line 15          | \$5500.00                  | <del></del>                                 |          |             |
|              |          | : Total financial assets, line 3                                  |                             | <u>φ1100.00</u>            |   |          |             |
|              |          | : Total business-related pro                                      |                             | \$3119.77                  |   |          |             |
|              |          | : Total farm- and fishing-rel                                     | •                           | <u> </u>                   |   |          |             |
|              |          | : Total other property not lis                                    |                             |                            |   |          |             |
|              |          |   |                             |                            |   |          |             |
| 6Z.          | otai     | personal property. Add lines                                      | oo through 61               | \$9719.77                  | Copy personal property to                   | otal ▶   | + \$9719.77 |
|              |          |   |                             | L                          | 10 Learner England                          |          | \$0740.77   |
| 63. <b>T</b> | otal c   | of all property on Schedule A                                     | <b>A/B.</b> Add line 55 + l | line 62                    |   |          | \$9719.77   |

|                        | in this inform  |  | Doc 1 Filed 07/   | 08/16 Entered 07/0  | 08/16 16:13:33  | Desc Main   |
|------------------------|---|--|---|---|---|---|
|                        | otor 1  | ation to identify your case:  Miguel   | C.  | Salazar   |   |   |
| Dok                    | otor ?  | First Name   | Middle Name   | Last Name   |   |   |
|                        | otor 2<br>ouse, if filing)  | First Name   | Middle Name   | Last Name   |   |   |
| Uni                    | ted States Ba   | ankruptcy Court for the: Nor   | thern D   | District of Illinois  |   |   |
|                        | se number<br>nown)  |  |   | (State)   |   |   |
| Of                     | ficial F  | orm 106C   |   |   | _   | Check if this is a amended filing   |
| Sc                     | hedul   | e C: The Prope   | rty You Claim   | as Exempt   |   | 12/1  |
| For is to exe received | each iten o state a s mpted up eive certa mption of perty is d  t1: Ident Which set | pecific dollar amount a<br>to the amount of any a<br>in benefits, and tax-ex<br>100% of fair market va<br>etermined to exceed th<br>ify the Property You Cla | as exempt, you must exempt. Alternative applicable statutory empt retirement function and the statutory alue under a law that at amount, your exempt as Exempt hands? Check one only, eventions. 11 | st specify the amount of rely, you may claim the f limit. Some exemptions ds—may be unlimited in a limits the exemption to emption would be limited in if your spouse is filing with your | ull fair market value —such as those for dollar amount. How a particular dollar a to the applicable s | r health aids, rights to<br>wever, if you claim an<br>amount and the value of the |
| 2.                     |   |  | - ,,,,  | mpt, fill in the information bel  | ow.   |   |
|                        |   | ription of the property and li<br>lle A/B that lists this propert  |   | Amount of the exemption you Check only one box for each ex  |   | cific laws that allow exemption   |
|                        | Brief   |  |   |   |   | 735 ILCS 5/12-1001(b)   |
|                        | description   | PNC Bank   | \$97.77   | \$97.77   |   |   |
|                        | Line from<br>Schedule A   | /B: <u>17</u>  |   | 100% of fair market value, applicable statutory limit   | up to any   |   |
|                        | Brief   | Committee 4000 Westernament  | ift \$400.00  |   |   | 735 ILCS 5/12-1001(b)   |
|                        | description Line from Schedule A  |  | <u>ΨΨ00.00</u>  | \$400.00 100% of fair market value, applicable statutory limit  | -   |   |
| 3.                     | (Subject to   | •  | ry 3 years after that for case  | ,   | ,   |   |

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| D.J. C.J.                  |  | 0  | A   | Out of the Leave of the H          |
|----------------------------|--|--|---|------------------------------------|
|                            | ion of the property and line<br>A/B that lists this property | Current value of<br>the portion you<br>own | Amount of the exemption you claim  Check only one box for each exemption. | Specific laws that allow exemption |
|                            |  | Copy the value from<br>Schedule A/B        |   |                                    |
| Brief<br>description:      | Used Furniture   | \$750.00                                   | \$750.00  | 735 ILCS 5/12-1001(b)              |
| Line from<br>Schedule A/B: | 06   |  | 100% of fair market value, up to any applicable statutory limit           | <del></del>                        |
| Brief                      |  |  |   | 735 ILCS 5/12-1001(a)              |
| description:               | Used Clothing  | \$350.00                                   | \$350.00  |                                    |
| Line from<br>Schedule A/B: | 11   |  | 100% of fair market value, up to any applicable statutory limit           |                                    |
| Brief                      | and distributions  | \$0.00                                     |   | 735 ILCS 5/12-1001(b)              |
| description:               | x1 television  | \$0.00                                     | <u> </u>  |                                    |
| Line from<br>Schedule A/B: | 07   |  | 100% of fair market value, up to any applicable statutory limit           |                                    |
| Brief                      | luumitatian Hanna  | \$1,800.00                                 |   | 735 ILCS 5/12-1001(b)              |
| description:<br>Line from  | Immitation Homes   | Ψ1,000.00                                  | \$1,800.00  | <u></u>                            |
| Schedule A/B:              | 22   |  | 100% of fair market value, up to any applicable statutory limit           |                                    |
| Brief                      | 2014 & 2015 Federal  | \$222.00                                   |   | 735 ILCS 5/12-1001(b)              |
| description:               | Refunds  | \$222.00                                   | \$222.00  |                                    |
| Line from<br>Schedule A/B: | 28   |  | 100% of fair market value, up to any applicable statutory limit           |                                    |
| Brief                      | NI' Ald' 0004  | \$650.00                                   |   | 735 ILCS 5/12-1001(c)              |
| description:               | Nissan, Altima, 2001   | <u> </u>                                   | \$650.00  |                                    |
| Line from<br>Schedule A/B: | 03   |  | 100% of fair market value, up to any applicable statutory limit           |                                    |
| Brief                      |  | ¢4 000 00                                  |   | 735 ILCS 5/12-704                  |
| description:               | Principal Financial  | \$1,000.00                                 | \$1,000.00  |                                    |
| Line from<br>Schedule A/B: | 21   |  | 100% of fair market value, up to any applicable statutory limit           |                                    |

| Fill i             | n this inform                  | Case 16-22075 ation to identify your case:   | Doc 1                                | Filed 07/                                    | 08/16                  | Entered 07/08                              | 3/16 16:13:33  | Desc Main   |                                    |
|--------------------|--------------------------------|--|--------------------------------------|--|------------------------|--|--|---|------------------------------------|
| Deb                | otor 1                         | Miguel   | C.                                   |  | Salazai                | r  |  |   |                                    |
|                    |                                | First Name   | Mid                                  | dle Name                                     | Last Na                | ame  |  |   |                                    |
|                    | otor 2<br>ouse, if filing)     | First Name   | Mid                                  | dle Name                                     | Last Na                | ame  |  |   |                                    |
| Unite              | ed States Ba                   | ankruptcy Court for the:   | Northern                             | D  | istrict of Illin       | nois<br>tate)                              |  |   |                                    |
|                    | e number<br>nown)              |  |                                      |  | (0)                    |  |  |   |                                    |
| Off                | ficial F                       | orm 106D   |                                      |  |                        |  |  |   | neck if this is a<br>nended filing |
| Sc                 | hedu                           | le D: Credito  | ors Wh                               | no Have                                      | Clain                  | ns Secured                                 | d by Prope   | rtv   | 12/1                               |
| corr<br>form<br>1. | Do any cre No. Ch              | ete and accurate as mation. If more space top of any additional editors have claims secure this box and submit this lill in all of the information be All Secured Claims | e is need<br>al pages, ved by your p | ed, copy the A<br>write your nar<br>roperty? | Additiona<br>ne and ca | ll Page, fill it out,<br>ase number (if kn | number the entri                                       | -   |                                    |
| 2.                 | List all second claim. If more | ured claims. If a creditor har than one creditor has a pt the claims in alphabetical   | articular clair                      | m, list the other cre                        | editors in Par         |  | Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any  |
|                    | SPRINGLE                       |  |                                      |  |                        |  | \$6,000.00   | \$2,925.00  | \$3,075.00                         |
|                    | Creditor's Na<br>1828 Grand    |  | Describe                             | the property tha                             | it secures ti          | ne claim:                                  |  |   |                                    |
|                    | Number                         | Street   | Loan                                 | doto vovitle the                             | a alaim ia. (          | Check all that apply.                      |  |   |                                    |
|                    |                                |  | _                                    | ingent                                       | e Ciaiiii is. (        | леск ан шасарру.                           |  |   |                                    |
|                    | Waukegan<br>Citv               | Illinois 60085 State ZIP Code  |                                      | quidated                                     |                        |  |  |   |                                    |
|                    |                                | the debt? Check one.   | Disp                                 |  |                        |  |  |   |                                    |
|                    | <b>✓</b> Debtor                | 1 only   |                                      | <b>if lien.</b> Check all th                 | nat annly              |  |  |   |                                    |
|                    | Debtor                         | 2 only   | _                                    |  | ,                      |  |  |   |                                    |
|                    | Debtor                         | 1 and Debtor 2 only  | car le                               |  | ae (such as r          | nortgage or secured                        |  |   |                                    |
|                    |                                | one of the debtors and   | Statu                                | itory lien (such as                          | tax lien, med          | chanic's lien)                             |  |   |                                    |
|                    | another Check                  | if this claim relates to a   | Judg                                 | ment lien from a la                          | awsuit                 |  |  |   |                                    |
|                    | commi                          | unity debt   | Othe                                 | r (including a right                         | to offset) _           |  |  |   |                                    |
|                    | Date debt v                    | was incurred   | <br>Last 4 di                        | gits of account i                            | number                 |  | _  |   |                                    |
| 2.2                | SPRINGLE                       | AF   |                                      |  |                        |  | \$6,000.00   | \$1,525.00  | \$4,475.00                         |
|                    | Creditor's Na                  |  | Describe                             | the property tha                             | t secures t            | he claim:                                  | <del></del>  | <del></del>   | <del></del>                        |
|                    | 1828 Grand<br>Number           | Street   | Loan                                 |  |                        |  |  |   |                                    |
|                    |                                |  |                                      | •  | e claim is: (          | Check all that apply.                      |  |   |                                    |
|                    | Waukegan                       |  | =                                    | ingent                                       |                        |  |  |   |                                    |
|                    | City                           | State ZIP Code the debt? Check one.  | =                                    | quidated                                     |                        |  |  |   |                                    |
|                    | Debtor                         |  | Disp                                 | uted   |                        |  |  |   |                                    |
|                    | Debtor                         | •  | Nature o                             | f lien. Check all th                         | nat apply.             |  |  |   |                                    |
|                    |                                | 1 and Debtor 2 only  |                                      |  | de (such as r          | mortgage or secured                        |  |   |                                    |
|                    |                                | one of the debtors and   | =                                    | itory lien (such as                          | •                      | chanic's lien)                             |  |   |                                    |
|                    |                                | if this claim relates to a   |                                      | ment lien from a la                          |                        |  |  |   |                                    |
|                    |                                | unity debt<br>was incurred   | U Othe                               | r (including a right                         | to offset) _           |  | -  |   |                                    |
|                    |                                |  | Last 4 di                            | gits of account i                            | number                 |  |  |   |                                    |
|                    |                                | Add the dollar value of v  | our ontrine i                        | n Column A on t                              | hie nage V             | Vrite that number                          | \$12,000,00  |   |                                    |

|                                  |  | Case 16-22075   | Doc 1   | Filed C  | 7/08/16  | Entered 07  | <u>/0</u> 8/16 16:13:33  | Desc  | Main   |  |
|----------------------------------|--|---|---|--|--|---|--|---|--|--|
| Fill i                           | n this informa   | ation to identify your case:  |   |  |  |   |  |   |  |  |
| Deb                              | otor 1   | Miguel  | C.  | Name a   | Salaza   |   |  |   |  |  |
| Deb                              | otor 2   | First Name  | Middle  | Name   | Last N   | ame   |  |   |  |  |
|                                  | ouse, if filing)   | First Name  | Middle  | Name   | Last N   | ame   |  |   |  |  |
| Unit                             | ted States Ba  | inkruptcy Court for the:  | Northern  |  | _ District of Illi   | nois<br>tate)   |  |   |  |  |
|                                  | se number<br>nown)   |   |   |  |  |   |  |   |  |  |
| Off                              | ficial Fo  | orm 106E/F  |   |  |  |   |  | Chec  | k if this is an                                      | amended filing                           |
| Sc                               | hedu   | le E/F: Cred  | litors W  | /ho F  | łave U   | nsecure   | d Claims   |   |  | 12/15                                    |
| party<br>106A<br>are li<br>the b | to any executes to the total to the total to the total to the total tota | and accurate as possible<br>cutory contracts or unexp<br>Schedule G: Executory C<br>edule D: Creditors Who I<br>e left. Attach the Continua                     | pired leases that<br>contracts and U<br>Hold Claims Se<br>ation Page to t | at could result in the secured by th | sult in a claim.<br>Leases (Officia<br>Property. If mo       | Also list executory all Form 106G). Do bre space is neede | y contracts on <i>Schedu</i><br>not include any credito<br>d, copy the Part you no | le A/B: Propers<br>ors with particed, fill it out | e <i>rty</i> (Officia<br>ally secured<br>, number th | Il Form<br>I claims that<br>e entries in |
| 1.                               | Do any cre   | editors have priority unse  | cured claims a  | gainst you   | ?  |   |  |   |  |  |
|                                  | No. Go   | o to Part 2.  |   |  |  |   |  |   |  |  |
|                                  | ✓ Yes.   |   |   |  |  |   |  |   |  |  |
| 2.                               | identify what<br>possible, lis<br>Part 1. If me  | your priority unsecured cl<br>at type of claim it is. If a clain<br>the claims in alphabetical<br>ore than one creditor holds<br>planation of each type of clai | n has both priorit<br>order according<br>a particular clair               | ty and nonp<br>to the cred<br>m, list the o  | oriority amounts,<br>litor's name. If y<br>ther creditors in | list that claim here a<br>ou have more than t<br>Part 3.  | and show both priority and   | d nonpriority a                                   | mounts. As i   | much as                                  |
|                                  |  |   |   |  |  |   |  | Total claim                                       | Priority amount                                      | Nonpriority amount                       |
|                                  | IDOR   |   |   | l as   | st 4 digits of a   | count number  |  | \$160.00  | \$160.00   | \$0.00                                   |
|                                  | Priority Cred<br>PO Box 643  | ditor's Name<br>38  |   |  | en was the de  |   | <br>n/a  |   |  |  |
|                                  |  | Street  |   |  |  |   |  |   |  |  |
|                                  |  |   |   |  | Contingent   | i ille, trie Claim is.                                    | Check all that apply.  |   |  |  |
|                                  | Chicago<br>City  | Illinois<br>State   | 60664<br>Zip Code   | <u></u> Н  | Unliquidated   |   |  |   |  |  |
|                                  | ,  | red the debt? Check one.  | Zip Code  | Ħ  | Disputed   |   |  |   |  |  |
|                                  | ✓ Debtor   | 1 only  |   | Tvn  | '  | unsecured claim   |  |   |  |  |
|                                  | Debtor   | 2 only  |   | ,,,,   |  | oort obligations  | •  |   |  |  |
|                                  | Debtor   | 1 and Debtor 2 only   |   | 片  |  | · ·   | oue the government   |   |  |  |
|                                  | At least   | one of the debtors and anot   | ther  | 뇓  |  | •   | owe the government   |   |  |  |
|                                  | Check  | if this claim relates to a c  | ommunity deb  | t ⊔  | intoxicated  | th or personal injury                                     | wniie you were   |   |  |  |
|                                  | Is the claim   | subject to offset?  | -   |  | Other. Specify   |   |  |   |  |  |
|                                  | <b>✓</b> No  |   |   | -  |  |   |  |   |  |  |
|                                  | Yes  |   |   |  |  |   |  |   |  |  |
| 2.2                              | ILDHFS   |   |   | Las  | st 4 digits of a   | count number  |  | \$0.00  | \$0.00   | \$0.00                                   |
|                                  | Priority Cred<br>509 S. 6TH  | ditor's Name<br>STREET  |   |  | en was the de  | ·   | <br>n/a  |   |  |  |
|                                  |  | Street  |   |  |  |   |  |   |  |  |
|                                  |  |   |   | — AS   | Contingent   | i file, the claim is:                                     | Check all that apply.  |   |  |  |
|                                  | SPRINGFIE  |   | 62701   | <u>—</u> Н   | · ·  |   |  |   |  |  |
|                                  | City<br>Who incur  | State red the debt? Check one.  | Zip Code  | 片  | Unliquidated   |   |  |   |  |  |
|                                  | <b>✓</b> Debtor  |   |   | <u></u>  | Disputed   | /   | _  |   |  |  |
|                                  | Debtor   | 2 only  |   |  |  | unsecured claim   |  |   |  |  |
|                                  | Debtor   | 1 and Debtor 2 only   |   | 뇓  | Domestic supp  | _   | di   |   |  |  |
|                                  | At least   | one of the debtors and anot   | ther  | 브  |  | -   | owe the government   |   |  |  |
|                                  | Check  | if this claim relates to a c  | ommunitv deh  | , ⊔  | Claims for dea<br>intoxicated                                | th or personal injury                                     | while you were   |   |  |  |
|                                  |  | n subject to offset?  |   |  | Other. Specify   |   |  |   |  |  |
|                                  | ✓ No   | .,  |   |  | , ,  |   |  |   |  |  |
|                                  | Yes  |   |   |  |  |   |  |   |  |  |

Miguel Case 16-22075 cDoc 1 

Page 24 of 68 Documetht me Part 1: Your PRIORITY Unsecured Claims - Continuation Page Total claim Priority Nonpriority After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. amount amount 2.3 Salazar, Gloria \$0.00 \$0.00 \$0.00 Last 4 digits of account number Priority Creditor's Name 1108 N. Mcaree When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Waukegan Illinois 60085 Zip Code State City Disputed Who incurred the debt? Check one. Type of PRIORITY unsecured claim: ✓ Debtor 1 only

✓ Domestic support obligations

intoxicated

Other. Specify

Taxes and certain other debts you owe the government

Claims for death or personal injury while you were

Debtor 2 only

**✓** No Yes

Debtor 1 and Debtor 2 only

Is the claim subject to offset?

At least one of the debtors and another

Check if this claim relates to a community debt

Miguel Case 16-22075 cDoc 1 Filed 07:08:416 Entered 07:08:416:413:33 Desc Main Debtor 1 Document Page 25 of 68 List All of Your NONPRIORITY Unsecured Claims Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. ◪ List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than four priority unsecured claims fill out the Continuation Page of **Total claim** 4.1 Arnold Scott Harris, PC - 111 W JACKSON \$456.00 Last 4 digits of account number Nonpriority Creditor's Name 111 W JACKSON # 600 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Chicago Illinois 60604 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only |√| Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Collecting For - Lake County Circuit Court ✓ Is the claim subject to offset? Other. Specify **✓** No Yes 4.2 Capital One Bank \$300.00 Last 4 digits of account number Nonpriority Creditor's Name 11013 W. Broad When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 23060 Glen Allen Virginia City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only **|** Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce that Debtor 1 and Debtor 2 only you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify Credit Card Is the claim subject to offset?  $\overline{}$ No Yes 4.3 CITI CARDS \$300.00 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 6497 When was the debt incurred? Street Number As of the date you file, the claim is: Check all that apply. Contingent SIOUX FALLS South Dakota 57117 Unliquidated City Zip Code Who incurred the debt? Check one. Debtor 1 only I✓I Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify Credit Card Is the claim subject to offset? Ⅵ No

Yes

Debtor 1 Miguel Case 16-22075 cDoc 1 Filed 07 108/16 Entered 07/08/16 (166/13:33 Desc Main
First Name Document Page 26 of 68

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Last 4 digits of account number 7001 \$1,644.00

188 Industrial Dr. # 128

When was the debt incurred 2 8/1/2015

|     | After listing any entries on this page, number them beginning  | with 4.5, followed by 4.6, and so forth.   | Total claim |
|-----|--|--|-------------|
| 4.4 | CITIZENS FIN Nonpriority Creditor's Name 188 Industrial Dr. # 128 Number Street  | Last 4 digits of account number 7001  When was the debt incurred? 8/1/2015  As of the date you file, the claim is: Check all that apply.  Contingent   | \$1,644.00  |
|     | Elmhurst Illinois 60126  City State Zip Code  Who incurred the debt? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offset?  ✓ No  Yes  | Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ✓ Other. Specify 24 InstallmentLoan |             |
| 4.5 | DIVERSIFIED CONSULTANT  Nonpriority Creditor's Name  10550 DEERWOOD PARK BLVD  Number Street   JACKSONVILLE Florida 32256  City State Zip Code  Who incurred the debt? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offset?  ✓ No  Yes | Last 4 digits of account number  | \$588.00    |
| 4.6 | GREAT LAKES CR UN Nonpriority Creditor's Name 2525 GREEN BAY RD Number Street  NORTH CHICAGO Illinois 60064 City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? No Yes               | Last 4 digits of account number  | \$3,378.00  |

Debtor 1 Miguel Case 16-22075 CDoc 1 Filed 07:08:16 Entered 07:08:16:043:33 Desc Main
First Name Docume: 11 Page 27 of 68 Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.7 Harvard Collection Services, Inc. \$50.41

| Nonpriority Creditor's Name                           | Last 4 digits of account number   |          |
|---|---|----------|
| 4839 N Elston Ave Number Street                       | When was the debt incurred?n/a  |          |
|   | As of the date you file, the claim is: Check all that apply.  |          |
|   | Contingent  |          |
| Chicago Illinois 60630                                | Unliquidated  |          |
| City State Zip Code                                   | Disputed  |          |
| Who incurred the debt? Check one.  Debtor 1 only      | Type of NONPRIORITY unsecured claim:  |          |
| Debtor 2 only   | Student loans   |          |
| Debtor 1 and Debtor 2 only                            | Obligations arising out of a separation agreement or divorce that   |          |
| At least one of the debtors and another               | you did not report as priority claims   |          |
| Check if this claim relates to a community debt       | Debts to pension or profit-sharing plans, and other similar debts   |          |
| Is the claim subject to offset?                       | Collecting For - Illinois Department of Other. Specify Revenue  |          |
| No  |   |          |
| ☐ Yes   |   |          |
| 4.8   Sprint  |   | \$550.00 |
| Nonpriority Creditor's Name                           | Last 4 digits of account number   | ψ550.00  |
| P.O. Box 219554  Number Street                        | When was the debt incurred?n/a  |          |
| THE THEORY STOCK                                      | As of the date you file, the claim is: Check all that apply.  |          |
| Kansas City Missouri 64121                            | Contingent  |          |
| Kansas City Missouri 64121 City State Zip Code        | Unliquidated  |          |
| Who incurred the debt? Check one.                     | Disputed  |          |
| Debtor 1 only   | Type of NONPRIORITY unsecured claim:  |          |
| Debtor 2 only   | Student loans   |          |
| Debtor 1 and Debtor 2 only                            | Obligations arising out of a separation agreement or divorce that   |          |
| At least one of the debtors and another               | you did not report as priority claims   |          |
| Check if this claim relates to a community debt       | Debts to pension or profit-sharing plans, and other similar debts   |          |
| Is the claim subject to offset?                       | ✓ Other. Specify Sprint   |          |
| <u>✓</u> No   |   |          |
| Yes   |   |          |
| 4.9 TRI-STATE ADJUSTMENTS                             | Last 4 digits of account number 7990  | \$40.00  |
| Nonpriority Creditor's Name<br>3439 EAST AVE S        | When was the debt incurred? 11/1/2012   |          |
| Number Street   |   |          |
|   | As of the date you file, the claim is: Check all that apply.  Contingent  |          |
| LA CROSSE Wisconsin 54601                             | <del>_</del>  |          |
| City State Zip Code Who incurred the debt? Check one. | Unliquidated  |          |
| Debtor 1 only   | Disputed  |          |
| Debtor 2 only   | Type of NONPRIORITY unsecured claim:  |          |
| Debtor 1 and Debtor 2 only                            | Student loans   |          |
| At least one of the debtors and another               | <ul> <li>Obligations arising out of a separation agreement or divorce that<br/>you did not report as priority claims</li> </ul> |          |
| Check if this claim relates to a community debt       | Debts to pension or profit-sharing plans, and other similar debts   |          |
| Is the claim subject to offset?                       | ✓ 001 Collection; Collecting for ORIGINAL   |          |
| ✓ No  | CREDITOR: MEDICAL PAYMENT   |          |
| Yes   | Other. Specify <u>DATA</u>  |          |

Debtor 1 Miguel Case 16-22075 CDoc 1 Filed 07:08/16 Entered 07:08/16 / 146:43:33 Desc Main
First Name Document Page 28 of 68 Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginnin   | g with 4.5, followed by 4.6, and so forth.   | Total claim |
|--|--|-------------|
| Warren Township High School District 121   Nonpriority Creditor's Name 34090 N Almond Rd     Number   Street | Last 4 digits of account number  When was the debt incurred?   | \$209.00    |
| Yes   Woodland Family Dental Care   Nonpriority Creditor's Name   6631 Grand Ave Ste 1   Number   Street     | Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify | \$42.40     |
| ✓ No  ✓ Yes  |  |             |

Debtor 1 Miguel Case 16-22075 CDoc 1 Filed 07:08:416 Entered 07:08:416:43:33 Desc Main
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Part 4: Add the Amounts for Each Type of Unsecured Claim

|                          | mounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. nounts for each type of unsecured claim. |
|--------------------------|--|
|                          | Total claims   |
| Total claims from Part 1 | 6a. Domestic support obligations. 6a. \$0.00   |
| nom rait i               | 6b. Taxes and certain other debts you owe the government 6b. \$160.00  |
|                          | 6c. Claims for death or personal injury while you were intoxicated 6c. \$0.00  |
|                          | 6d. Other. Add all other priority unsecured claims. Write that amount here.  |
|                          | 6e. Total. Add lines 6a through 6d. 6e. \$160.00   |
|                          | Total claims   |
| Total claims from Part 2 | 6f. Student loans 6f. \$0.00   |
|                          | 6g. Obligations arising out of a separation agreement or divorce 6g. \$0.00 that you did not report as priority claims   |
|                          | 6h. Debts to pension or profit-sharing plans, and other similar 6h\$0.00 debts   |
|                          | 6i. Other. Add all other nonpriority unsecured claims. Write that 6i. \$7,557.81 amount here.  |
|                          | 6j. Total. Add lines 6f through 6i. 6j. \$7,557.81   |

|                      | Case 16-2207                           | 5 Doc 1 Filed 07                   | 7/08/16 Entere             | d 07/08/16 16:13:33  | Desc Main  |
|----------------------|--|------------------------------------|----------------------------|--|--|
| Fill in th           | is information to identify your cas    |                                    |                            | 0/10/10:10:00  | Description  |
| Debtor '             |  | C.                                 | Salazar                    |  |  |
|                      | First Name                             | Middle Name                        | Last Name                  |  |  |
| Debtor 2<br>(Spouse  | e, if filing) First Name               | Middle Name                        | Last Name                  |  |  |
| United S             | States Bankruptcy Court for the:       | Northern                           | District of Illinois       |  |  |
| 0                    | t                                      |                                    | (State)                    |  |  |
| Case nu<br>(If known |  |                                    |                            | <del></del>  |  |
| Offic                | cial Form 106G                         |                                    |                            |  | Check if this is a amended filing                                |
| Sche                 | edule G: Execut                        | ory Contracts a                    | and Unexpire               | d Leases   | 12/1   |
| space is             |  |                                    |                            |  | ing correct information. If more onal pages, write your name and |
| 1. <b>Do</b>         | you have any executory                 | contracts or unexpired             | leases?                    |  |  |
|                      | No. Check this box and file this fo    | rm with the court with your other  | schedules. You have noth   | ing else to report on this form.   |  |
|                      | Yes. Fill in all of the information be | elow even if the contracts or leas | ses are listed on Schedule | A/B: Property (Official Form 106A  | /B).   |
|                      |  |                                    |                            | n state what each contract or leax<br>examples of executory contracts an |  |
|                      | Person or company with who             | n you have the contract or lea     | ase                        | State what the contrac   | t or lease is for  |
|                      |  |                                    |                            |  |  |

|              |   | Case 16-2207                            | 5 Doc 1 Filed (  | 07/08/16 Entered             | 07/08/16 16·13·33                  | Desc Main  |
|--------------|---|---|--|------------------------------|------------------------------------|--|
| Fill         | in this inform                          | ation to identify your cas              |  | J. Way 10 I HIELEU           | 07700/10 10.13.33                  | Desc Main  |
| De           | btor 1                                  | Miguel                                  | C.   | Salazar                      | _                                  |  |
|              | btor 2<br>ouse, if filing)              | First Name                              | Middle Name  Middle Name   | Last Name Last Name          | _                                  |  |
|              |   | ankruptcy Court for the:                | Northern   | District of Illinois(State)  | _                                  |  |
|              | se number<br>(nown)                     |   |  | (State)                      | _                                  |  |
|              |   |   |  |                              |                                    | Check if this is a amended filing  |
|              |   | orm 106H                                |  |                              |                                    |  |
| <u>Sc</u>    | hedul                                   | e H: Your Co                            | odebtors   |                              |                                    | 12/1   |
| in th<br>eve | e boxes on<br>y question.<br>Do you hav | the left. Attach the Add                | litional Page to this page. O  |                              | Pages, write your name and c       | e, fill it out, and number the entries<br>ase number (if known). Answer                |
|              | ✓ No<br>Yes                             |   |  |                              |                                    |  |
| 2.           | Louisiana, N                            | levada, New Mexico, Pue<br>o to line 3. | ived in a community proper<br>erto Rico, Texas, Washington,<br>bouse, or legal equivalent live | and Wisconsin.)              | unity property states and territon | ies include Arizona, California, Idaho,  |
|              | □ V                                     |   | state or territory did you live? _   | Fill in the                  | name and current address of th     | at person.   |
|              |   | Name of your spouse, for                | ormer spouse, or legal equival   | ent                          | _                                  |  |
|              |   | Number Street                           |  |                              | _                                  |  |
|              |   | City                                    | State  | Zip Code                     | _                                  |  |
| 3.           | as a codeb                              | tor only if that person i               | s a guarantor or cosigner. I   | Make sure you have listed th |                                    | the person shown in line 2 again<br>ficial Form 106D), <i>Schedule E/F</i><br>olumn 2. |
|              | Column 1:                               | Your codebtor                           |  |                              | Column 2: The creditor to          | whom you owe the debt  |

Check all schedules that apply:

| Debtor 1 Miguel C. Salazar First Name Middle Name Last Name  Debtor 2 (Spouse, if filing) First Name Middle Name Last Name  United States Bankruptcy Court for the: Northern District of Illinois (State)  Case number (If known)  Destrict of Illinois (State)  Tage 32 of 05  Check if this is:  An amended filing A supplement showing post-petition expenses as of the following date:  MM / DD / YYYY   Destrict of Illinois (State)  The supplement showing post-petition expenses as of the following date:  MM / DD / YYYY   The supplement showing post-petition expenses as of the following date:  The supplement showing post-petition expenses as of the following date:  The supplement showing post-petition expenses as of the following date:  The supplement showing post-petition expenses as of the following date:  The supplement showing post-petition expenses as of the following date:  The supplement showing post-petition expenses as of the following date:  The supplement showing post-petition expenses as of the following date:  The supplement showing post-petition expenses as of the following date:  The supplement showing post-petition expenses as of the following date:  The supplement showing post-petition expenses as of the following date:  The supplement showing post-petition expenses as of the following date:  The supplement showing post-petition expenses as of the following date:  The supplement showing post-petition expenses as of the following date:  The supplement showing post-petition expenses as of the following date:  The supplement showing post-petition expenses as of the following date:  The supplement showing post-petition expenses as of the following date:  The supplement showing post-petition expenses as of the following date:  The supplement showing post-petition expenses as of the following date:  The supplement showing post-petition expenses as of the following date:  The supplement showing post-petition expenses as of the following date:  The supplement showing post-petition expenses as of the following dat | chapter |
|--|---------|
| First Name  Middle Name  Last Name  Check if this is:  An amended filing  In A supplement showing post-petition expenses as of the following date:  Case number (If known)  Case number (If known)  District of Illinois (State)  Case number (If known)  District of Illinois (State)  An amended filing  A supplement showing post-petition expenses as of the following date:  MM / DD / YYYY   Case number (If known)  Difficial Form 106I  Schedule I: Your Income  Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are expensed and not filing jointly, and your spouse is living with  |         |
| Debtor 2 (Spouse, if filing) First Name  |         |
| United States Bankruptcy Court for the:  United States Bankruptcy Court for the:  Case number (If known)  District of Illinois (State)  Case number (If known)  Difficial Form 106   Schedule I: Your Income  Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are excessible for supplying correct information. If you are married and not filing jointly, and your spouse is living with   |         |
| United States Bankruptcy Court for the:  Northern  District of Illinois (State)  Case number (If known)  District of Illinois (State)  MM / DD / YYYYY  Deficial Form 106I  Schedule I: Your Income  Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are excessible for supplying correct information. If you are married and not filing jointly, and your spouse is living with  |         |
| Case number (If known)  Case number (If known)  Case as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are expensely as possible for supplying correct information. If you are married and not filing jointly, and your spouse is living with  |         |
| Case number (If known)  Official Form 106   Schedule I: Your Income  Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are excessible for supplying correct information. If you are married and not filing jointly, and your spouse is living with  | 12      |
| Official Form 106  Schedule I: Your Income  Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are excessible for supplying correct information. If you are married and not filing jointly, and your spouse is living with   | 12      |
| Schedule I: Your Income  Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are edesponsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with  | 12      |
| esponsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with  |         |
| Part 1: Describe Employment  1. Fill in your employment  Debtor 1  Debtor 2  |         |
| information.   |         |
| If you have more than one Employment status Employed Employed  |         |
| job, Not Employed Not Employed   |         |
| attach a separate page with  |         |
| information about additional Occupation  |         |
| employers. Employer's name Serra Laser Precision   |         |
| Include part time, seasonal, Employer's address 2400 Commerce Dr   |         |
| or Number Street Number Street self-employed work.   |         |
|  |         |
| Occupation may include student   |         |
| or homemaker, if it applies  |         |
| Libertyville Illinois 60048  City State Zip Code City State Zip Code   |         |
|  | 7       |
| Gity State Zip Code .  | 5       |

4. Calculate gross income. Add line 2 + line 3.

\$3,627.56

Debtor 1 Miguel Case 16-22075 c. Doc 1 Filed 07/98/16 Entered @7408/116 16:113:33 Desc Main Documentame Page 33 of 68 For Debtor 2 or For Debtor 1 non-filing spouse Copy line 4 here 4 \$3,627.56 5. List all payroll deductions: \$661.05 5a. Tax, Medicare, and Social Security deductions 5a. 5b. 5b. Mandatory contributions for retirement plans \$0.00 5c. Voluntary contributions for retirement plans 5c. \$108.83 5d. Required repayments of retirement fund loans 5d. \$18.89 5e. Insurance 5e. \$92.99 5f. Domestic support obligations 5f. \$552.50 5q. Union dues 5g. \$0.00 \$570.31 5h. Other deductions. Specify: 5h. + 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. 6. \$2,004.58 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$1,622.99 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total \$0.00 monthly net income. 8a. 8b. Interest and dividends 8b. \$0.00 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$0.00 8d. Unemployment compensation 8d. \$0.00 8e. Social Security 8e. \$0.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies 8f. \$0.00 \$0.00 8g. Pension or retirement income 8g. 8h. Other monthly income. Specify: 8h. -\$0.00 9. Add all other income Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 9. \$0.00 \$1,622.99 10.Calculate monthly income. Add line 7 + line 9. 10. \$1,622.99 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. 11. + \$0.00 Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 12. \$1,622.99 Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? Yes. Explain:

Debtor 1 Miguel Case 16-22075 c. Doc 1 Filed 07:108:116 Entered 07:108:116 16:113:33 Desc Main

First Name Middle Name Documentame Page 34 of 68

Part 2: Give Details About Monthly Income

|                                       | For Debtor 1 For Debtor 2 or non-filing spouse |
|---------------------------------------|--|
| 5h.Other payroll deductions. Specify: |  |
| 1. Cash Advance                       | \$108.33                                       |
| 2. Cash Advance Loan Repayment        | \$108.33                                       |
| 3. Dental                             | \$119.99                                       |
| 4. Healthcare                         | \$217.88                                       |
| 5. Vision                             | \$15.77  |

|                                    | Case 16-220                                   | 75   | 7/08/16 Entered (  | 07/08/16 16:13:33              | Desc Main                                       |          |
|------------------------------------|---|--|--|--------------------------------|---|----------|
| Fill in this inform                | nation to identify your ca                    |  | <u> </u>   |                                |   |          |
| Debtor 1                           | Miguel  | C.   | Salazar  |                                |   |          |
|                                    | First Name                                    | Middle Name  | Last Name  | _                              |   |          |
| Debtor 2                           | \ <del></del>                                 |  |  | Check if this is:              |   |          |
| (Spouse, if filing                 | First Name                                    | Middle Name  | Last Name  | An amended fili                | ng  |          |
| United States B                    | ankruptcy Court for the:                      | Northern   | District of Illinois (State)                             |                                | howing post-petition cha<br>the following date: | apter 13 |
| Case number (If known)             | ,   |  | (Otato)  | _                              |   |          |
| · ,                                |   |  |  | MM / DD / YYY                  | Υ   |          |
| Official F                         | Form 106J                                     |  |  |                                |   |          |
| Schedul                            | e J: Your E                                   | xpenses  |  |                                |   | 12/15    |
| nformation. If n                   |   | sible. If two married people are, attach another sheet to this fo      |  |                                |   |          |
| 1. Is this a join                  |   | 1010   |  |                                |   |          |
| No. Go                             |   |  |  |                                |   |          |
| =                                  | es Debtor 2 live in a s                       | separate household?  |  |                                |   |          |
|                                    | ] No  | •  |  |                                |   |          |
| F                                  | Yes. Debtor 2 must fi                         | le Official Forms 106J-2, <i>Expens</i>                                | es for Separate Household of                             | Debtor 2.                      |   |          |
| 2. Do you have                     | e dependents?                                 | No   |  |                                |   |          |
| Do not list De<br>Debtor 2.        | ebtor 1 and                                   | Yes. Fill out this information for each dependent                      | Dependent's relationshi<br>Debtor 1 or Debtor 2<br>Child | ip to Dependent's age 15 years | Does dependent with you?                        | live     |
|                                    |   |  |  |                                | ✓ Yes.  |          |
| 3. Do your exp                     | enses include<br>people other                 | No   |  |                                |   |          |
| than<br>yourself and<br>dependents | your  | Yes  |  |                                |   |          |
| Part 2: Estin                      | nate Your Ongoine                             | g Monthly Expenses   |  |                                |   |          |
| •                                  | f a date after the bank                       | pankruptcy filing date unless y<br>kruptcy is filed. If this is a supp | •  | • •                            | •   |          |
| -                                  | •   | cash government assistance i it on Schedule I: Your Income             | -  |                                | Your e  | xpenses  |
|                                    | or home ownership ex<br>the ground or lot. 4. | penses for your residence. Inc   | lude first mortgage payments                             | and                            | 4.  | \$850.00 |
| If not inclu                       | ıded in line 4:                               |  |  |                                |   |          |
| 4a. Real es                        | tate taxes                                    |  |  |                                | 4a  | \$0.00   |
| 4b. Propert                        | y, homeowner's, or rent                       | er's insurance   |  |                                | 4b.   | \$0.00   |
| 4c. Home n                         | naintenance, repair, and                      | upkeep expenses  |  |                                | 4c.   | \$0.00   |
|                                    |   |  |  |                                |   |          |

\$0.00

4d.

4d. Homeowner's association or condominium dues

Debtor 1 Miguel Case 16-22075 CDoc 1 Filed 07:08/16 Entered 07:08/16 / Ac6:43:33 Desc Main
First Name Middle Name Document Page 36 of 68

Your expenses 5. Additional mortgage payments for your residence, such as home equity loans \$0.00 5. 6. Utilities: 6a. Electricity, heat, natural gas \$110.00 6a. 6b. Water, sewer, garbage collection \$107.50 6b. 6c. Telephone, cell phone, Internet, satellite, and cable services \$135.00 6c. 6d. Other. Specify: \$0.00 6d 7. Food and housekeeping supplies \$200.00 7. 8. Childcare and children's education costs \$0.00 8. 9. Clothing, laundry, and dry cleaning \$50.00 9. 10. Personal care products and services \$50.00 10. 11. Medical and dental expenses \$15.00 11. 12. Transportation. Include gas, maintenance, bus or train fare. \$200.00 12. Do not include car payments 13. Entertainment, clubs, recreation, newspapers, magazines, and books \$0.00 13. 14. Charitable contributions and religious donations \$0.00 14. 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance \$0.00 15a 15b. Health insurance \$0.00 15b 15c. Vehicle insurance \$70.00 15c 15d. Other insurance. Specify: \$0.00 15d 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: \_ \$0.00 16 17. Installment or lease payments: 17a. Car payments for Vehicle 1 \$0.00 17a 17b. Car payments for Vehicle 2 17b \$0.00 17c. Other. Specify: \$0.00 17c 17d. Other. Specify: \$0.00 17d 18. Your payments of alimony, maintenance, and support that you did not report as deducted from \$0.00 your pay on line 5, Schedule I, Your Income (Official Form 106l). 18. 19. Other payments you make to support others who do not live with you. Specify: \$0.00 19. 20.Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property \$0.00 20a 20b. Real estate taxes. \$0.00 20b 20c. Property, homeowner's, or renter's insurance \$0.00 20c 20d. Maintenance, repair, and upkeep expenses. \$0.00 20d 20e. Homeowner's association or condominium dues \$0.00 20e

| Debtor 1           | Miguel Case 10         |                                  | Filed 07:98:416   | Entered 07/08/16 /1/6:413:33 | 3 Desc Main |            |
|--------------------|------------------------|----------------------------------|---|------------------------------|-------------|------------|
|                    | First Name             | Middle Name                      | Document not not be a property of the company of t | Page 37 of 68                |             |            |
| 21. <b>Other</b> . | Specify:               |                                  |   |                              | 21          | \$0.00     |
|                    |                        |                                  |   |                              |             |            |
|                    | late your monthly      | •                                |   |                              | _           | \$1,787.50 |
|                    | dd lines 4 through 2   |                                  |   |                              | _           | \$0.00     |
|                    | ., ,                   | expenses for Debtor 2), if ar    | •   | -2                           | _           | \$1,787.50 |
| 22c. A             | dd line 22a and 22b.   | The result is your monthly ex    | rpenses.  |                              | 22.         |            |
| 23. Calcu          | late your monthly r    | net income.                      |   |                              |             |            |
| 23a. C             | copy line 12 (your cor | nbined monthly income) from      | Schedule I.   |                              | 23a         | \$1,622.99 |
| 23b. C             | opy your monthly exp   | penses from line 22 above.       |   |                              | 23b         | \$1,787.50 |
|                    |                        | expenses from your monthly       | income.   |                              |             | (\$164.52) |
| _                  | The result is your mo  | nthly net income.                |   |                              | 23c         |            |
| 24. <b>Do yo</b>   | ou expect an increa    | se or decrease in your exp       | enses within the year af  | ter you file this form?      |             |            |
| For o              | vampla da vau avna     | ect to finish paying for your ca | r loon within the year or do  | Value ovmost valur           |             |            |
|                    |                        | rease or decrease because of     | •   |                              |             |            |
| <b>√</b> N         | No                     |                                  |   | ,                            |             |            |
|                    |                        |                                  |   |                              |             |            |
| Ш                  | ⁄es                    |                                  |   |                              |             |            |
|                    | Explain her            | e:                               |   |                              |             |            |
|                    |                        |                                  |   |                              |             |            |
|                    |                        |                                  |   |                              |             |            |
|                    |                        |                                  |   |                              |             |            |
|                    |                        |                                  |   |                              |             |            |
|                    |                        |                                  |   |                              |             |            |

|                              | Case 16-22075   | 5 Doc 1 Filed 0              | 7/08/16 Enter                          | ed 07/08/16 16:13:33                                   | Desc Main                         |
|------------------------------|---|------------------------------|--|--|-----------------------------------|
| Fill in this info            | rmation to identify your case                           |                              |  | 0/10 10.13.33  | Desc Main                         |
| Debtor 1                     | Miguel  | C.                           | Salazar                                |  |                                   |
|                              | First Name  | Middle Name                  | Last Name                              |  |                                   |
| Debtor 2<br>(Spouse, if fili | ng) First Name  | Middle Name                  | Last Name                              |  |                                   |
| United States                | Bankruptcy Court for the:                               | Northern                     | District of Illinois                   |  |                                   |
| Casa numbar                  |   |                              | (State)                                |  |                                   |
| Case number (If known)       |   |                              |  | <del></del>  |                                   |
| Official                     | Form 106De  | <u>C</u>                     |  |  | Check if this is a amended filing |
| Declara                      | ition About ar  | n Individual De              | btor's Sched                           | dules  | 12/1                              |
| f two married                | people are filing together                              | r, both are equally responsi | ble for supplying corre                | ct information.  |                                   |
| Part 1: Sig                  | n Below   | one who is NOT an attorney   | to help you fill out ban               | kruptcy forms?   |                                   |
| <b>✓</b> No                  |   |                              |  |  |                                   |
| Yes.                         | Name of person  |                              | Attach Bankrupto<br>Signature (Officia | cy Petition Preparer's Notice, Declar<br>al Form 119). | ration, and                       |
| •                            | enalty of perjury, I declare<br>v are true and correct. | that I have read the summa   | ary and schedules filed                | with this declaration and                              |                                   |
| 🗶 /s/ Migu                   | el Salazar  |                              | *                                      |  |                                   |
| Signature                    | e of Debtor 1   |                              | Signat                                 | ture of Debtor 2                                       |                                   |
| Date <u>7/8</u>              | <b>/2016</b><br>M/DD/YYYY                               |                              | Date                                   | MM/DD/YYYY   |                                   |

| ı                                 | Desc Main           | 13:33     | 08/16 16:     | ntered 07/0         | 07/08/16                    | Filed          | Doc 1               | 16-22075<br>entify your case: |                    | Fill in this info           |
|-----------------------------------|---------------------|-----------|---------------|---------------------|-----------------------------|----------------|---------------------|-------------------------------|--------------------|-----------------------------|
|                                   |                     |           |               | ,                   | Salazar                     |                | C.                  | orially your odoo.            | Miguel             | Debtor 1                    |
|                                   |                     |           |               | ,                   | Last Nar                    | Name           | Middle              | ne                            | First Name         | Dalatano                    |
|                                   |                     |           |               |                     | Last Nar                    | Name           | Middle              | ne                            | g) First Name      | Debtor 2<br>(Spouse, if fil |
|                                   |                     |           |               |                     | District of Illing          |                | Northern            | Court for the:                | Bankruptcy Co      | United States               |
|                                   |                     |           |               |                     | (Sta                        |                |                     |                               |                    | Case numbe                  |
| Check if this is a amended filing |                     |           |               |                     |                             |                |                     | 107                           | Form 1             |                             |
| 12/1                              |                     | krunto    | for Ban       | : Filing f          | ndividua                    | for            | al Affaire          |                               |                    |                             |
|                                   | ng correct informat |           |               | _                   |                             |                |                     |                               |                    |                             |
| ver every questior                | (if known). Answer  | se number | r name and ca | ges, write your     | of any additional           | n the top      | to this form. O     | separate sheet                | ed, attach a se    | space is need               |
|                                   |                     |           |               | Before              | here You Live               | s and W        | Marital Statu       | About Your I                  | e Details A        | Part 1: Giv                 |
|                                   |                     |           |               |                     |                             |                | us?                 | ent marital stat              | s your curren      | 1. What                     |
|                                   |                     |           |               |                     |                             |                |                     |                               | arried             | N                           |
|                                   |                     |           |               |                     |                             |                |                     |                               | ot married         | <b>✓</b> N                  |
|                                   |                     |           |               | w?                  | n where you live            | other tha      | lived anywhere      | ears, have you                | the last 3 year    | 2. Durin                    |
|                                   |                     |           |               |                     | 4 in al., ala, la a         | D              | - d :- d ld 0       | h                             |                    |                             |
|                                   |                     |           |               | ve now.             | t include where yo          | ears. Do no    | ed in the last 3 ye | ne piaces you liv             | s. List all of the | ✓ Y                         |
| Debtor 2 lived                    | Dates Deb<br>there  |           |               | Debtor 2:           | Debtor 1 lived              | Dates<br>there |                     |                               | btor 1:            | D                           |
| ne as Debtor 1                    | Same                |           | ebtor 1       | Same as De          |                             |                |                     |                               |                    |                             |
|                                   | —— From             |           |               |                     | 1/1/2010                    | — From         |                     | d Place                       | 64 Westwood F      | 18                          |
|                                   | From<br>To          |           | t             | Number Street       | <u>1/1/2010</u><br>1/1/2014 | _ To           |                     | et                            | mber Street        | N                           |
|                                   | 10                  |           |               |                     | 1/1/2014                    | _ 10           | 60031               | Illinois                      | mee                | <u> </u>                    |
|                                   | de                  | Zip Cod   | State         | City                |                             | _              | Zip Code            | State                         |                    | C                           |
| ne as Debtor 1                    | Same a              |           | ebtor 1       | Same as De          |                             |                |                     |                               |                    |                             |
|                                   | From                |           | t             | Number Street       |                             | - From         |                     | et                            | mber Street        | N                           |
|                                   | To                  |           |               |                     |                             | _ To           |                     |                               |                    | _                           |
|                                   |                     | Zin Coo   | State         | City                |                             | _              | Zin Codo            | Stato                         |                    | <del>-</del>                |
|                                   | 40                  | Zip Coc   | State         | City                |                             |                | Zip Code            | State                         | у                  | C                           |
|                                   |                     | Zip Coo   | State         | Number Street  City |                             |                | Zip Code            | state                         |                    |                             |

Debtor 1 Miguel Case 16-22075 cDoc 1
First Name Middle Name

 Filed 07:08:116
 Entered 07:08:116:113:33
 Desc Main

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| t 2: Explain the Sources of Your Inc   | come   |   |  |   |  |
|--|--|---|--|---|--|
| Fill in the total amount of income you received  | from all jobs and all businesses   | , including part-time   |  |   |  |
| No ✓ Yes. Fill in the details.   |  |   |  |   |  |
|  | Debtor 1   |   | Debtor 2   |   |  |
|  | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions)   | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions)   |  |
| From January 1 of current year until the date you filed for bankruptcy:  | <ul><li>✓ Wages, commissions, bonuses, tips</li><li>☐ Operating a business</li></ul>   | \$27911.79  | Wages, commissions, bonuses, tips Operating a business   |   |  |
| For last calendar year: (January 1 to December 31,   | ✓ Wages, commissions, bonuses, tips  Operating a business  | \$37317.00  | Wages, commissions, bonuses, tips Operating a business   |   |  |
| For the calendar year before that: (January 1 to December 31, 2014 )  YYYY   | <ul><li>✓ Wages, commissions, bonuses, tips</li><li>✓ Operating a business</li></ul>   | \$52725.00  | Wages, commissions, bonuses, tips Operating a business   |   |  |
| 5. Did you receive any other income during this year or the two previous calendar years?  Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemploymer benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you and you have income that you received together, list it only once under Debtor 1.  List each source and the gross income from each source separately. Do not include income that you listed in line 4.  No  Yes Fill in the details |  |   |  |   |  |
|  | Debtor 1   |   | Debtor 2   |   |  |
|  | Sources of income<br>Describe below.   | Gross income from each source (before deductions and exclusions)  | Sources of income<br>Describe below.   | Gross income from<br>each source<br>(before deductions and<br>exclusions)   |  |
| From January 1 of current year until the date you filed for bankruptcy:  |  |   |  |   |  |
| For last calendar year: (January 1 to December 31, 2015)  YYYY   |  |   |  |   |  |
| For the calendar year before that: (January 1 to December 31,  |  |   |  |   |  |
|  | Did you have any income from employment Fill in the total amount of income you received activities. If you are filing a joint case and you have any income you received activities. If you are filing a joint case and you have a you filed for bankruptcy:  For January 1 of current year until the date you filed for bankruptcy:  For last calendar year:  (January 1 to December 31, | Fill in the total amount of income you received from all jobs and all businesses activities. If you are filing a joint case and you have income that you receive tog No Yes. Fill in the details.    Debtor 1 | Did you have any income from employment or from operating a business during this year or the Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under No No Yes. Fill in the details.    Debtor 1 | Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.    Dobtor 1 |  |

Debtor 1 Miguel Case 16-22075 CDoc 1 Filed 07:08:416 Entered 07:08:416 (AuGo):43:33 Desc Main Page 41 of 68

| Part 3 | List Certain P   | ayments Y      | ou Made Before                      | You Filed for Ba          | nkruptcy   |                               |  |  |  |  |  |
|--------|--|----------------|-------------------------------------|---------------------------|--|-------------------------------|--|--|--|--|--|
| 6. A   | re either Debtor 1's o   | or Debtor 2's  | debts primarily co                  | nsumer debts?             |  |                               |  |  |  |  |  |
|        |  |                | or 2 has primarily sehold purpose." | consumer debts. Con       | sumer debts are defined in   | 11 U.S.C. § 101(8) as "incuri | red by an individual primarily                               |  |  |  |  |
|        | During the 90  | days before yo | ou filed for bankrupto              | y, did you pay any credit | or a total of \$6,425* or more   | ?                             |  |  |  |  |  |
|        | No. Go to  | line 7.        |                                     |                           |  |                               |  |  |  |  |  |
|        | tota   | al amount you  | paid that creditor. De              | o not include payments f  | more in one or more paym<br>or domestic support obligat<br>attorney for this bankrupto | ions, such as                 |  |  |  |  |  |
|        | * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.  |                |                                     |                           |  |                               |  |  |  |  |  |
| V      | Yes. <b>Debtor 1 or </b>   | Debtor 2 or b  | oth have primarily                  | consumer debts.           |  |                               |  |  |  |  |  |
|        | During the 90  | days before yo | ou filed for bankrupto              | y, did you pay any credit | or a total of \$600 or more?   |                               |  |  |  |  |  |
|        | ✓ No. Go to  | line 7.        |                                     |                           |  |                               |  |  |  |  |  |
|        | Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. |                |                                     |                           |  |                               |  |  |  |  |  |
|        |  |                |                                     | Dates of payment          | Total amount paid  | Amount you still owe          | Was this payment for   |  |  |  |  |
|        | Creditor's Name  Number Street  City   | State          | Zip Code                            | -<br>-<br>-               |  |                               | Mortgage Car Credit card Loan repayment Suppliers or vendors |  |  |  |  |
|        |  |                |                                     |                           |  |                               | Other  |  |  |  |  |
|        | Creditor's Name  |                |                                     |                           |  |                               | ──   |  |  |  |  |
|        | Number Street  |                |                                     | -                         |  |                               | Credit card Loan repayment Suppliers or                      |  |  |  |  |
|        | City   | State          | Zip Code                            | _                         |  |                               | vendors  Other   |  |  |  |  |
|        | Creditor's Name  |                |                                     | _                         |  |                               | ─  |  |  |  |  |
|        | Number Street  |                |                                     | -                         |  |                               | Credit card Loan repayment                                   |  |  |  |  |
|        | City   | State          | Zin Code                            | _                         |  |                               | Suppliers or vendors   |  |  |  |  |

Other

cDoc 1 Debtor 1 Document Page 42 of 68 Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Yes. List all payments to an insider. Dates of Total amount paid Amount you still Reason for this payment payment owe Insider's Name Number Street City State Zip Code Insider's Name Number Street City State Zip Code Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments that benefited an insider. Dates of Total amount paid Amount you still Reason for this payment payment owe Include creditor's name Insider's Name Number Street City State Zip Code Insider's Name Number Street City State Zip Code

Debtor 1 Miguel Case 16-22075 cDoc 1
First Name Middle Name

Filed 07:08:416 Entered 07:408:416 / 46:413:33 Desc Main Document Page 43 of 68 Part 4: Identify Legal Actions, Repossessions, and Foreclosures

| dispu    | Il such matters, includi<br>tes.   |                      |       |  |  |               |                   |              |                           |
|----------|--|----------------------|-------|--|--|---------------|-------------------|--------------|---------------------------|
|          | No<br>Yes. Fill in the details.  |                      |       |  |  |               |                   |              |                           |
| ш        | res. I iii iii tile details.   |                      | Nat   | ure of the case  | Court or ag  | ency          |                   | Status of t  | he case                   |
|          | Case title   |                      |       |  |  |               |                   | Pendir       | ng                        |
|          |  |                      |       |  | Court Name   |               |                   | On app       | peal                      |
|          | Case number  |                      |       |  | Number Stre  | et            |                   | Conclu       | ıded                      |
|          |  |                      |       |  | City   | State         | Zip Code          | _            |                           |
|          | Case title   |                      |       |  |  |               |                   | _ Pendir     | ng                        |
|          | Coco number  |                      |       |  | Court Name   |               |                   | On app       |                           |
|          | Case number  |                      |       |  | Number Stre  | et            |                   | Conclu       | iaed                      |
|          |  |                      |       |  | City   | State         | Zip Code          | _            |                           |
| <b>✓</b> | No. Go to line 11. Yes. Fill in the inform   | ll in the details be |       | Describe the pro   | epossessed, forecl   | osed, garnish | ned, attached, so | Valu         | ed?<br>ue of the<br>perty |
|          | No. Go to line 11. Yes. Fill in the inform   | ll in the details be |       |  |  | osed, garnish |                   | Valu         | ue of the                 |
|          | No. Go to line 11.   | ll in the details be |       |  | pperty   | osed, garnish |                   | Valu         | ue of the                 |
|          | No. Go to line 11. Yes. Fill in the inform   | ll in the details be |       | Describe the pro   | ppened   | osed, garnish |                   | Valu         | ue of the                 |
|          | No. Go to line 11. Yes. Fill in the information of the control of  | ll in the details be |       | Explain what ha  | ppened repossessed.  | osed, garnish |                   | Valu         | ue of the                 |
|          | No. Go to line 11. Yes. Fill in the information of the control of  | ll in the details be |       | Explain what ha  Property was Property was Property was  | ppened repossessed. foreclosed. garnished.   |               |                   | Valu         | ue of the                 |
|          | No. Go to line 11. Yes. Fill in the information of the control of  | ll in the details be |       | Explain what ha  Property was Property was Property was Property was Property was                  | ppened repossessed. foreclosed. garnished. attached, seized, or                              |               | Date              | Valu<br>proj | ue of the<br>perty        |
|          | No. Go to line 11.  Yes. Fill in the inform.  Creditor's Name  Number Street   | Il in the details be | elow. | Explain what ha  Property was Property was Property was  | ppened repossessed. foreclosed. garnished. attached, seized, or                              |               |                   | Valu         | ue of the                 |
|          | No. Go to line 11.  Yes. Fill in the inform.  Creditor's Name  Number Street   | Il in the details be | elow. | Explain what ha  Property was Property was Property was Property was Property was Describe the pro | pperty  ppened  repossessed. foreclosed. garnished. attached, seized, or                     |               | Date              | Valu         | ue of the perty           |
|          | No. Go to line 11. Yes. Fill in the information of  | Il in the details be | elow. | Explain what ha  Property was Property was Property was Property was Property was                  | pperty  ppened  repossessed. foreclosed. garnished. attached, seized, or                     |               | Date              | Valu         | ue of the perty           |
|          | No. Go to line 11.  Yes. Fill in the information of | Il in the details be | elow. | Explain what ha  Property was Property was Property was Property was Property was Explain what ha  | pperty  ppened  repossessed. foreclosed. garnished. attached, seized, or                     |               | Date              | Valu         | ue of the perty           |
|          | No. Go to line 11. Yes. Fill in the information of  | Il in the details be | elow. | Explain what ha  Property was Property was Property was Property was Property was Explain what ha  | ppened repossessed. foreclosed. attached, seized, or pperty  ppened repossessed. foreclosed. |               | Date              | Valu         | ue of the perty           |

| Debt | or 1     | Miguel Case 16-22075 cDoc 1 Filed  | <u>d 07\$98416 Entered</u> @7\$08416 <i>6</i> 46;43:<br>ocumeintme Page 44 of 68 | :33 Desc                 | <u>Main</u>              |
|------|----------|--|--|--------------------------|--------------------------|
| 11.  |          |  | creditor, including a bank or financial institution, set o                       | ff any amounts fi        | om your                  |
|      | <b>✓</b> | No<br>Yes. Fill in the details.  |  |                          |                          |
|      |          |  | Describe the action the creditor took  | Date action<br>was taken | Amount                   |
|      |          | Creditor's Name  |  |                          |                          |
|      |          | Number Street  | Last 4 digits of account number: XXXX-   |                          |                          |
|      |          | City State Zip Code  |  |                          |                          |
|      |          | in 1 year before you filed for bankruptcy, was any o<br>iver, a custodian, or another official?    | f your property in the possession of an assignee for th                          | e benefit of cred        | itors, a court-appointed |
|      | <b>✓</b> | No<br>Yes  |  |                          |                          |
| Part |          | List Certain Gifts and Contributions   |  |                          |                          |
| 13.  | Wi       | thin 2 years before you filed for bankruptcy, did you  No  Yes. Fill in the details for each gift. | give any gifts with a total value of more than \$600 per                         | person?                  |                          |
|      |          | Gifts with a total value of more than \$600 per person   | Describe the gifts   | Dates you gave the gifts | Value                    |
|      |          | Person to Whom You Gave the Gift   |  |                          |                          |
|      |          | Number Street  |  |                          |                          |
|      |          | City State Zip Code Person's relationship to you   |  |                          |                          |
|      |          | Person to Whom You Gave the Gift   |  |                          |                          |
|      |          | Number Street  |  |                          |                          |
|      |          | City State Zip Code  Person's relationship to you  |  |                          |                          |
|      |          |  |  |                          |                          |

|      |          | First Name   |                    | Middle Name D         | ocument Page  | 45 of 68   |                                   |                        |
|------|----------|--|--------------------|-----------------------|---|--|-----------------------------------|------------------------|
| 14.  | Witl     | nin 2 years before                                 | you filed for b    |                       | •   | ons with a total value of mor                            | e than \$600 to an                | y charity?             |
|      | <b>✓</b> | No   |                    |                       |   |  |                                   |                        |
|      |          | Yes. Fill in the deta                              |                    |                       |   |  |                                   |                        |
|      |          | Gifts with a total per person                      | value of more      | than \$600            | Describe the gifts                                  |  | Dates you gave the gifts          | Value                  |
|      |          | Charity's Name                                     |                    |                       | -   |  |                                   |                        |
|      |          |  |                    |                       | -   |  |                                   |                        |
|      |          | Number Street                                      |                    |                       | -   |  |                                   |                        |
|      |          | City   | State              | Zip Code              | -   |  |                                   |                        |
| Part | 6:       | List Certain Lo                                    | sses               |                       |   |  | -                                 |                        |
| 15.  |          | nin 1 year before y<br>bling?                      | ou filed for ba    | nkruptcy or since y   | ou filed for bankruptcy, did                        | you lose anything because                                | of theft, fire, othe              | r disaster, or         |
|      | _        | No   |                    |                       |   |  |                                   |                        |
|      |          | Yes. Fill in the deta                              | ils.               |                       |   |  |                                   |                        |
|      |          | Describe the pro                                   |                    | and                   | Describe any insurance of                           | overage for the loss                                     | Date of your loss                 | Value of property lost |
|      |          | now the loss occ                                   | ureu               |                       | Include the amount that insurance claims on line 33 | urance has paid. List pending of Schedule A/B: Property. | 1033                              |                        |
|      |          |  |                    |                       |   |  |                                   |                        |
| D    | _        | List Certain Pa                                    |                    |                       |   |  |                                   |                        |
|      | _        | de any attorneys, b<br>No<br>Yes. Fill in the deta |                    | on preparers, or cred | lit counseling agencies for serv                    | rices required in your bankruptc                         | xy.                               |                        |
|      | _        |  |                    |                       | Description and value of                            | any property transferred                                 | Date payment or transfer was made | Amount of payment      |
|      |          | Semrad Law Firm                                    |                    |                       | Attorney's Fee - 0.00                               |  | 7/6/2016                          | \$0.00                 |
|      |          | Person Who Was<br>20 South Clark Str               |                    |                       |   |  |                                   |                        |
|      |          | Number Street                                      | CCC ZOUTT IOOT     |                       | -   |  |                                   |                        |
|      |          |  |                    |                       | -   |  |                                   |                        |
|      |          | Chicago<br>City                                    | Illinois<br>State  | 60606<br>Zip Code     | -   |  |                                   |                        |
|      |          | Email or website a                                 | nddress            | •                     | -   |  |                                   |                        |
|      |          | None   |                    | Nat Va.               | _   |  |                                   |                        |
|      |          | Person Who Made                                    | e tne Payment, II  | NOT YOU               |   |  | ]                                 |                        |
|      |          | Person Who Was                                     | Paid               |                       | -   |  |                                   |                        |
|      |          | Number Street                                      |                    |                       | -   |  |                                   |                        |
|      |          | City   | State              | Zip Code              | -   |  |                                   |                        |
|      |          | Email or website a                                 | address            |                       | -   |  |                                   |                        |
|      |          | Person Who Made                                    | the Payment if     | Not You               | -   |  |                                   |                        |
|      |          | I GIOOTI VVIIO IVIAUE                              | une rayınıcını, li | THOL TOU              |   |  | ]                                 |                        |

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| Pe                |   |   | erty transferred      | or transfer                        | Amoui     | nt of paymen  |
|-------------------|---|---|-----------------------|------------------------------------|-----------|---------------|
| Pe                |   |   |                       | was made                           |           |               |
|                   | Person Who Was Paid   |   |                       |                                    |           |               |
| N                 | lumber Street   |   |                       |                                    |           |               |
| C                 | City State Zip Code   |   |                       |                                    |           |               |
| iclude<br>ansfer: | ry course of your business or financial affairs?  both outright transfers and transfers made as securit rs that you have already listed on this statement.  o  es. Fill in the details. | y (such as the granting of a security inte        | rest or mortgage on   | your property). Do                 | not inclu | ude gifts and |
| <b>_</b> .~.      | is in the detaile.  | Description and value of any property transferred |                       | property or paymebts paid in excha |           | Date trans    |
| Pe                | Person Who Received Transfer  |   |                       |                                    |           |               |
| N                 | lumber Street   |   |                       |                                    |           |               |
|                   | City State Zip Code<br>Person's relationship to you   |   |                       |                                    |           |               |
| Pe                | Person Who Received Transfer  |   |                       |                                    |           |               |
| N                 | lumber Street   |   |                       |                                    |           |               |
|                   | City State Zip Code<br>Person's relationship to you   |   |                       |                                    |           |               |
| These             |   | transfer any property to a self-settled           | d trust or similar de | evice of which yo                  | u are a b | peneficiary?  |
| Ye:               | es. Fill in the details.  | Description and value of the propo                | erty transferred      |                                    |           | Date transf   |

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| or transferred? Include checking, savings, money market, or or  | cy, were any financial accounts or inst  |  |                  |                               |
|---|--|--|------------------|-------------------------------|
| cooperatives, associations, and other financial   |  | ,  |                  | ,                             |
| ✓ No ☐ Yes. Fill in the details.  |  |  |                  |                               |
|   | Last 4 digits of account number  | Type of account or instrument                | was closed, befo | balance<br>re closi<br>ansfer |
| Person Who Was Paid   | XXXX-  | Checking Savings                             |                  |                               |
| Number Street   |  | Money market Brokerage Other                 |                  |                               |
| City State Zi   | o Code   |  |                  |                               |
| Person Who Was Paid   | XXXX-  | Checking Savings                             |                  |                               |
| Number Street   |  | Money market Brokerage                       |                  |                               |
| City State Zi   | o Code   | Other  |                  |                               |
| Do you now have, or did you have within 1 valuables?  No Yes. Fill in the details.                        | Who else had access to it?   | Describe the cor                             |                  | or our                        |
|   |  |  |                  | ou still                      |
|   |  | 3000,100 1110 001                            | ntents Do y      |                               |
| Name of Financial Institution   | Name   |  | havi             |                               |
| Name of Financial Institution  Number Street  | Number Street  |  | havi             | e it?<br>No                   |
| Number Street   | Number Street  City State  | Zip Code                                     | havi             | e it?<br>No                   |
| Number Street  City State Zip C   | Number Street  City State  ode   | Zip Code                                     | havi             | e it?<br>No                   |
| Number Street  City State Zip C   | Number Street  City State  ode   | Zip Code                                     | havi             | e it?<br>No                   |
| Number Street  City State Zip C  Have you stored property in a storage unit                               | Number Street  City State  ode   | Zip Code                                     | have             | vou still                     |
| Number Street  City State Zip C  Have you stored property in a storage unit                               | Number Street  City State  ode  or place other than your home within   | Zip Code  1 year before you filed for bankru | iptcy?  Do y     | vou still e it?               |
| Number Street  City State Zip C  Have you stored property in a storage unit  No Yes. Fill in the details. | Number Street  City State  ode  or place other than your home within within the within the company of the compa | Zip Code  1 year before you filed for bankru | iptcy?  Do y     | vou still e it?               |

City

Zip Code

State

| Where is the property?    Owner's Name   | Debtor 1 | First Name Middle Name                               | Filed 07:08:41<br>Document  | Page           | e <u>red</u> @7408<br>48 of 68 | 3/16/146:43: <u>33 Desc Maii</u>          | 1               |
|--|----------|--|-----------------------------|----------------|--------------------------------|---|-----------------|
| Where is the property?  Owner's Name Number Street  City State Zip Code  Describe the contents  Value  City State Zip Code  City State Zip Code  Describe the contents  Value  Describe the contents  Value  City State Zip Code  Describe the contents  Value  Describe the contents  Value  City State Zip Code  Describe the contents  Value  Describe the contents  Describe the contents  Value  Describe the contents  Value  Describe the contents  Value  Describe the contents  Describe the contents  Value  Describe the contents  Descr | Part 9:  | Identify Property You Hold or Contro                 | I for Someone E             | lse            |                                |   |                 |
| Where is the property?    Owner's Name   | 23. Do   | No   | e else owns? Include        | e any prope    | rty you borrov                 | ved from, are storing for, or hold in tru | st for someone. |
| Number Street  | ш        | res. I ili ili tile details.                         | Where is the prop           | perty?         |                                | Describe the contents                     | Value           |
| City State Zip Code  City Code  City State Zip Code   |          | Owner's Name   | Number Street               |                |                                |   |                 |
| City State Zip Code  City Code  City State Zip Code   |          | Number Street  | _                           |                |                                |   |                 |
| City State Zip Code  Part 10: Give Details About Environmental Information  For the purpose of Part 10, the following definitions apply:  ### Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.  ### Sife means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.  ### Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.  Report all notices, releases, and proceedings that you know about, regardless of when they occurred.  24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?    No   |          | Number Street  |                             |                |                                |   |                 |
| For the purpose of Part 10, the following definitions apply:  ### Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.  #### Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.  #### Hazardous material, pollutant, contaminant, or similar term.  #### Report all notices, releases, and proceedings that you know about, regardless of when they occurred.  ###################################  |          |  | City                        | State          | Zip Code                       |   |                 |
| For the purpose of Part 10, the following definitions apply:  ### Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.  #### Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.  #### Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.  #### Report all notices, releases, and proceedings that you know about, regardless of when they occurred.  #### Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?  #### Date of the details.  #### Governmental unit  ### Number Street  ### Number Street  ### Number Street  ### Number Street  ### Date of the details.  #### Date of the details.  #### Governmental unit of any release of hazardous material?  ### No  ### No  ### Yes. Fill in the details.  ### Governmental unit  ### Date of the details.  #### Governmental unit  ### Date of the details.  #### Governmental unit  ### Date of the details.  #### Date of the details.  ##### Date of the details.  ##### Date of the details.  ##### Date of the details.  ###################################  |          | City State Zip Code                                  | _                           |                |                                |   |                 |
| ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substancess, wastes, or material.  Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.  Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.  Report all notices, releases, and proceedings that you know about, regardless of when they occurred.  Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?    No  | Part 10: | Give Details About Environmental I                   | nformation                  |                |                                |   |                 |
| hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.  Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.  Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.  Report all notices, releases, and proceedings that you know about, regardless of when they occurred.  Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?  No Yes. Fill in the details.  Governmental unit  Number Street  Number Street  City State Zip Code  City State Zip Code  25. Have you notified any governmental unit of any release of hazardous material?  No Yes. Fill in the details.  Governmental unit  Environmental law, if you know it Date of the details.  Environmental law, if you know it   | For the  | purpose of Part 10, the following definitions apply: |                             |                |                                |   |                 |
| or used to own, operate, or utilize it, including disposal sites.  # Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.  Report all notices, releases, and proceedings that you know about, regardless of when they occurred.  24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?  No Yes. Fill in the details.  Governmental unit  Number Street  City State Zip Code  25. Have you notified any governmental unit of any release of hazardous material?  Governmental unit  Governmental unit  Environmental law, if you know it  Date of Site Street  City State Zip Code  Environmental law, if you know it  Governmental unit  Find the details.  Governmental unit  Find the details.   | ŀ        | nazardous or toxic substances, wastes, or material   | into the air, land, soil, s | surface water  | , groundwater,                 |   |                 |
| toxic substance, hazardous material, pollutant, contaminant, or similar term.  Report all notices, releases, and proceedings that you know about, regardless of when they occurred.  24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?    Vecapable   No  |          |  | •                           | nental law, wh | ether you now o                | own, operate, or utilize it               |                 |
| 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?    No   |          |  |                             |                | e, hazardous su                | ubstance,                                 |                 |
| No   Yes. Fill in the details.   Governmental unit   Environmental law, if you know it   Date of site   Governmental unit   Number Street   Number Street   City   State   Zip Code   City   State   Zip Code   Zip Code   Zip Code   City   State   Zip C   | Report a | all notices, releases, and proceedings that you know | v about, regardless of v    | when they oc   | curred.                        |   |                 |
| Yes. Fill in the details.   Governmental unit  | 24. Ha   | s any governmental unit notified you that you        | may be liable or pote       | entially liabl | e under or in v                | violation of an environmental law?        |                 |
| Covernmental unit   Covernmental law, if you know it   Date of site   Governmental unit  | <b>✓</b> |  |                             |                |                                |   |                 |
| Number Street    Number Street   Number Street   |          | 165. I III III Ule details.                          | Governmental ur             | nit            |                                | Environmental law, if you know it         | Date of notice  |
| Number Street    Number Street   Number Street   |          | Name of site   | Governmental unit           |                |                                |   |                 |
| City State Zip Code  25. Have you notified any governmental unit of any release of hazardous material?  No Yes. Fill in the details.  Governmental unit  Environmental law, if you know it  Date of  |          |  | <u> </u>                    |                |                                |   |                 |
| City State Zip Code  25. Have you notified any governmental unit of any release of hazardous material?  No Yes. Fill in the details.  Governmental unit Environmental law, if you know it Date of  |          | Number Street  | Number Street               |                |                                |   |                 |
| 25. Have you notified any governmental unit of any release of hazardous material?  No Yes. Fill in the details.  Governmental unit Environmental law, if you know it Date of   |          |  | City                        | State          | Zip Code                       |   |                 |
| No Yes. Fill in the details.  Governmental unit Environmental law, if you know it Date of  |          | City State Zip Code                                  | <del>_</del>                |                |                                |   |                 |
| Yes. Fill in the details.  Governmental unit  Environmental law, if you know it  Date of   | 25. Ha   | ve you notified any governmental unit of any r       | elease of hazardous         | material?      |                                |   |                 |
| Governmental unit Environmental law, if you know it Date of  | <b>✓</b> |  |                             |                |                                |   |                 |
| Name of site Governmental unit   |          | 163. Fill the details.                               | Governmental ur             | nit            |                                | Environmental law, if you know it         | Date of notice  |
|  |          | Name of site   | Governmental unit           |                |                                |   |                 |
| Number Street Number Street  |          | Number Street  | Number Street               |                |                                |   |                 |
| City State Zip Code  |          |  | City                        | State          | Zip Code                       |   |                 |
| City State Zip Code  |          | City State Zip Code                                  | <del>_</del> ,              |                |                                |   |                 |

| Debtor | 1    | Miguel Case 16-22075<br>First Name                        |                           |                               | E <u>ntered</u>           | /16/146/13: <u>33 Desc N</u>                       | <u> Main</u>    |
|--------|------|---|---------------------------|-------------------------------|---------------------------|--|-----------------|
| 26. H  | lav  | e you been a party in any judio                           | cial or administrativ     | e proceeding under an         | y environmental law       | ? Include settlements and orders                   | <b>3.</b>       |
| [      |      | No Silici di Livili                                       |                           |                               |                           |  |                 |
| L      | _    | Yes. Fill in the details.                                 |                           | Court or agency               |                           | Nature of the case                                 | Status of the   |
|        |      | Coop title  |                           | G ,                           |                           |  | case            |
|        |      | Case title  |                           | Court Name                    |                           |  | Pending         |
|        |      |   | <u>-</u>                  |                               |                           |  | On appeal       |
|        |      | Case number   | - 1                       | Number Street                 |                           |  | Concluded       |
|        |      |   | -                         | City State                    | Zip Code                  |  |                 |
| Part 1 | 1:   | Give Details About Your                                   | Business or C             | onnections to Any             | Business                  |  |                 |
| 27. V  | Vitl | nin 4 years before you filed for                          | bankruptcy, did yo        | ou own a business or ha       | ave any of the follow     | ing connections to any business                    | ?               |
|        |      | A sole proprietor or self-em                              | ployed in a trade, pro    | ofession, or other activity,  | either full-time or part- | -time  |                 |
|        |      | A member of a limited liabil                              | ity company (LLC) or      | r limited liability partnersh | ip (LLP)                  |  |                 |
|        |      | A partner in a partnership  An officer, director, or mana | aging executive of a c    | corporation                   |                           |  |                 |
|        |      | An owner of at least 5% of t                              |                           |                               |                           |  |                 |
| Ŀ      | /    | No. None of the above applies.                            | Go to Part 12.            |                               |                           |  |                 |
|        | 1    | Yes. Check all that apply above a                         | and fill in the details b |                               |                           | - 1 11 200 2                                       |                 |
|        |      |   |                           | Describe the natu             | re of the business        | Employer Identification<br>include Social Security |                 |
|        |      | Business Name   |                           |                               |                           | EIN:   |                 |
|        |      |   |                           |                               |                           |  |                 |
|        |      | Number Street   |                           | Name of accounta              | nt or bookkeeper          | Dates business existed                             |                 |
|        |      | City State  | Zip Code                  |                               |                           | From To  |                 |
|        |      |   |                           |                               |                           |  |                 |
|        |      |   |                           | Describe the natu             | re of the business        | Employer Identification include Social Security    |                 |
|        |      | D. circos Nove  |                           | _                             |                           | EIN:   |                 |
|        |      | Business Name   |                           |                               |                           |  |                 |
|        |      | Number Street   |                           | Name of accounta              | int or bookkeeper         | Dates business existed                             |                 |
|        |      | City State  | Zip Code                  |                               |                           | From To  |                 |
|        |      |   |                           |                               |                           |  |                 |
|        |      |   |                           | Describe the natu             | re of the business        | Employer Identification                            | number Do not   |
|        |      |   |                           |                               |                           | include Social Security                            | number or ITIN. |
|        |      | Business Name   |                           |                               |                           | EIN:   |                 |
|        |      | Number Street   |                           |                               |                           | Dates business existed                             |                 |
|        |      | -   |                           | Name of accounta              | int or bookkeeper         | Erom T-  |                 |
|        |      | City State  | Zip Code                  |                               |                           | FromTo   |                 |
|        |      |   |                           |                               |                           |  |                 |
|        |      |   |                           | L                             |                           |  |                 |

| ### Page 50 of 68    Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.    No  | Debtor   |   |   | : Main                 |
|--|----------|---|---|------------------------|
| creditors, or other parties.    No   |          | First Name Middle Name  | Document Page 50 of 68  |                        |
| Ves. Fill in the details below.    Date issued   Name  |          |   | ou give a financial statement to anyone about your business? Include all f  | inancial institutions, |
| Date Issued    Name  | [        |   |   |                        |
| Number Street  City State Zip Code  Part 12: Sign Below  I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.     Signature of Debtor 1 | -        | <b>_</b>  | Date issued   |                        |
| City State Zip Code  Part 12: Sign Below  I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.     **                                   |          | Name  | MM/DD/YYYY  |                        |
| I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  |          | Number Street   |   |                        |
| I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.     **   |          | City State Zip Code   | <u> </u>  |                        |
| and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.   | Part 1   | 2: Sign Below   |   |                        |
| Date 7/8/2016  Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?  No Yes  Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?  No Yes. Name of person  Attach the Bankruptcy Petition Preparer's Notice,   | an       | nd correct. I understand that making a false statemenkruptcy case can result in fines up to \$250,000, or | ent, concealing property, or obtaining money or property by fraud in conner imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and | ection with a          |
| Date 7/8/2016  Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?  ✓ No ☐ Yes  Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?  ✓ No ☐ Yes. Name of person  Attach the Bankruptcy Petition Preparer's Notice,   |          | Signature of Debtor 1   | Signature of Debtor 2   |                        |
| <ul> <li>✓ No</li> <li>Yes</li> <li>Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?</li> <li>✓ No</li> <li>✓ Yes. Name of person</li> <li>Attach the Bankruptcy Petition Preparer's Notice,</li> </ul>   |          | Date 7/8/2016   | Date  |                        |
| Yes  Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?  ✓ No  — Yes. Name of person  Attach the Bankruptcy Petition Preparer's Notice,   | Di       | id you attach additional pages to Your Statement o  | of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)  | )?                     |
| Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?  ✓ No  ✓ Yes. Name of person  Attach the Bankruptcy Petition Preparer's Notice,  | <b>✓</b> | No  |   |                        |
| ✓ No  Yes. Name of person  Attach the Bankruptcy Petition Preparer's Notice,   |          | Yes   |   |                        |
| Yes. Name of person  Attach the Bankruptcy Petition Preparer's Notice,   | Di       | id you pay or agree to pay someone who is not an a  | attorney to help you fill out bankruptcy forms?   |                        |
|  | ✓        |   |   |                        |
|  |          |   | Attach the Pankri inter Detition Propered   |                        |

|  | Case 16-2207!   | 5 Doc 1 Filed (   | 07/08/16 E                                  | Entered 07/08/16 16:13:33   | Desc Main                          |
|--|---|---|---|---|------------------------------------|
| Fill in this informa   | ation to identify your case   |   | 777011711                                   | 0   | DC3C Main                          |
| Debtor 1   | Miguel  | C.  | Salazar                                     |   |                                    |
| Debtor 2   | First Name  | Middle Name   | Last Name                                   | e   |                                    |
| (Spouse, if filing)  | First Name  | Middle Name   | Last Nam                                    | e   |                                    |
| United States Ba   | nkruptcy Court for the:   | Northern  | District of Illinoi                         |   |                                    |
| Case number  |   |   | (State                                      | <del></del> -   |                                    |
| Official F   | orm 108   |   |   |   | Check if this is an amended filing |
| Stateme  | nt of Intention   | on for Individu   | ıals Filinç                                 | g Under Chapter 7   | 12/15                              |
| ■ creditors have<br>■ you have leas<br>You must file this<br>whichever is earl | e claims secured by yo<br>ed personal property a<br>s form with the court w<br>ier, unless the court ex | and the lease has not expire<br>within 30 days after you file<br>ttends the time for cause. Y | ed.<br>your bankruptcy<br>/ou must also ser | petition or by the date set for the meetin<br>nd copies to the creditors and lessors yo | •                                  |
| •  | ist sign and date the f   | -   | qually responsible                          | le for supplying correct information.   |                                    |

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims 1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below. Identify the creditor and the property that is collateral What do you intend to do with the property that Did you claim the property secures a debt? as exempt on Schedule C? No. Creditor's Surrender the property. name: SPRINGLEAF Yes. Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: Loan Retain the property and [explain]: Surrender the property. ✓ No. Creditor's name: SPRINGLEAF Yes. Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: Loan Retain the property and [explain]: Surrender the property. No. Creditor's name: Yes. Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: Retain the property and [explain]: No. Creditor's Surrender the property. name: Yes. Retain the property and redeem it. Description of Retain the property and enter into a Reaffirmation Agreement. property securing debt: Retain the property and [explain]:

| Debtor  | <sub>Migue</sub> Case                 | 16-22075            | <sub>C</sub> Doc 1 | Filed 07/0                 | 8/16<br>lazar | Entered            | 07/08/16<br>£ase numb | 16:13:33        | Desc Main  |
|---------|---------------------------------------|---------------------|--------------------|----------------------------|---------------|--------------------|-----------------------|-----------------|--|
| 1       | First Name                            |                     | Middle Nan         | ne <del>Docume</del><br>La | ist Name      | Page 52 C          | known)                |                 |  |
| Part 2: | List Your Un                          | expired Pers        | onal Prope         | rty Leases                 |               |                    |                       |                 |  |
| informa |                                       | not list real estat | e leases. Unex     | cpired leases are          | e leases ti   | hat are still in e |                       |                 | ficial Form 106G), fill in the ot yet ended. You may assume an |
| Des     | scribe your unex                      | pired personal p    | property leases    | S                          |               |                    |                       | Will the le     | ase be assumed?  |
| Les     | sor's name:                           |                     |                    |                            |               |                    |                       | No Yes          |  |
|         | scription of leased<br>perty:         | d                   |                    |                            |               |                    |                       |                 |  |
| Les     | sor's name:                           |                     |                    |                            |               |                    |                       | ☐ No☐ Yes       |  |
|         | scription of leased<br>perty:         | i                   |                    |                            |               |                    |                       |                 |  |
| Les     | sor's name:                           |                     |                    |                            |               |                    |                       | No Yes          |  |
|         | scription of leased<br>perty:         | i                   |                    |                            |               |                    |                       |                 |  |
| Les     | sor's name:                           |                     |                    |                            |               |                    |                       | No Yes          |  |
|         | scription of leased<br>perty:         | i                   |                    |                            |               |                    |                       |                 |  |
| Les     | sor's name:                           |                     |                    |                            |               |                    |                       | No Yes          |  |
|         | scription of leased<br>perty:         | d                   |                    |                            |               |                    |                       |                 |  |
| Les     | sor's name:                           |                     |                    |                            |               |                    |                       | ☐ No<br>☐ Yes   |  |
|         | scription of leased<br>perty:         | d                   |                    |                            |               |                    |                       |                 |  |
| Les     | sor's name:                           |                     |                    |                            |               |                    |                       | No Yes          |  |
|         | scription of leased<br>perty:         | d                   |                    |                            |               |                    |                       |                 |  |
| Part 3: | Sign Below                            |                     |                    |                            |               |                    |                       |                 |  |
|         | er penalty of per<br>is subject to an |                     |                    | ated my intention          | on about a    | any property o     | of my estate that     | at secures a de | ebt and any personal property                                  |
| ×       | /s/ Miguel Salaza                     | ar                  |                    |                            |               | ×                  |                       |                 |  |
|         | ignature of Debto                     |                     |                    |                            |               | Signature of       | of Debtor 1           |                 |  |

Official Form 108

Date 7/8/2016

MM/DD/YYYY

Date

MM/DD/YYYY

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### **UNITED STATES BANKRUPTCY COURT**

|      |  | Northern District                  | of Illinois                        |                               |
|------|--|------------------------------------|------------------------------------|-------------------------------|
| n re | Miguel C. Salazar  |                                    | Case No.                           |                               |
| _    | Debtor   |                                    |                                    | (If known)                    |
|      |  |                                    | Chapter                            | Chapter 7                     |
|      | DISCLOSURE OF C  | OMPENSATION                        | OF ATTORNEY FO                     | R DEBTOR                      |
| 1.   | Pursuant to 11 U.S.C. § 329(a) and Fecompensation paid to me within one yearendered or to be rendered on behalf of | ear before the filing of the p     | etition in bankruptcy, or agreed t | o be paid to me, for services |
|      | For legal services, I have agreed to ac  | ccept                              |                                    | \$1,250.0                     |
|      | Prior to the filing of this statement I ha   | ave received                       |                                    | \$0.0                         |
|      | Balance Due  |                                    |                                    | \$1,250.0                     |
| 2.   | The source of the compensation paid to   | o me was:                          |                                    |                               |
|      | Debtor   | Other (specify)                    |                                    |                               |
| 3.   | The source of the compensation paid to   | o me is:                           |                                    |                               |
|      | <b>Debtor</b>  | Other (specify)                    |                                    |                               |
| 4.   | I have not agreed to share the abomembers and associates of my la  | ove-disclosed compensation w firm. | n with any other person unless th  | ey are                        |
|      | I have agreed to share the above-or members or associates of my law the people sharing in the compens              | firm. A copy of the agreem         |                                    |                               |
| 5.   | In return for the above-disclosed fee, I  a. Analysis of the debtor's financia bankruptcy;                         |                                    |                                    |                               |
|      | b. Preparation and filing of any pe  | etition, schedules, statemen       | ts of affairs and plan which may   | be required;                  |
|      | c. Representation of the debtor at   | the meeting of creditors an        | d confirmation hearing, and any    | adjourned hearings thereof;   |
| 6.   | By agreement with the debtor(s), the a   | bove-disclosed fee does no         | ot include the following services: |                               |
|      |  |                                    |                                    |                               |
|      |  | CERTIFICAT                         | TION                               |                               |
|      | I certify that the foregoing is a complete debtor(s) in this bankruptcy proceedings                                |                                    | ent or arrangement for payment t   | o me for representation of    |
|      | 7/8/2016   |                                    | /s/ Nathan Delman                  |                               |
|      | Date   |                                    | Signature of Attorney              |                               |
|      |  |                                    | Semrad Law Firm                    |                               |
|      |  |                                    | Name of law firm                   |                               |

#### CONTRACT FOR LEGAL SERVICES FOR REPRESENTATION IN A CHAPTER 7 BANKRUPTCY CASE

I do hereby retain the law firm of The Semrad Law Firm, LLC to represent my legal interests solely in a Bankruptcy case filed under Chapter 7 of the United States Bankruptcy Code. I further understand that this representation DOES NOT INCLUDE defending my interests in any adversary proceeding filed against me nor does this representation cover state court proceedings or criminal litigation.

I understand that The Semrad Law Firm, LLC is not going to charge me for time spent prior to the filing of my Chapter 7 case preparing and filing my petition. I also understand that The Semrad Law Firm, LLC may incur costs for such items as credit reports and tax transcripts for which it will not seek reimbursement.

After the bankruptcy case is filed, I understand that I will be presented with a second retainer agreement to pay The Semrad Law Firm, LLC \$1250.00 attorney fees plus any necessary postpetition costs to represent my interests including preparation and amendment, if necessary, of schedules; preparation and attendance of the Section 341 Meeting of Creditors; review and attendance, if necessary, to motions for stay relief; review of any redemption agreements; review of any reaffirmation agreements; case administration and monitoring, motions to reopen, if necessary, as well as a post discharge review of my credit report to ensure accurate reporting. I further understand and agree that additional professional legal services will result in additional fees that are due The Semrad Law Firm, LLC. Some of the additional services and fees are as follows:

Representation in an Adversary Proceeding. \$350.00/hr.
Adding additional bills \$30.00
Motion to Reopen and Avoid Lien \$1000.00

I have been presented to two options regarding the filing fees of \$335.00 payable to the Bankruptcy Court. I have elected to either,

- 1. Pay the costs directly to the bankruptcy court either all at once, or apply to pay these costs in installments; or
- 1. Request that the firm pay these costs on my behalf after filing for which it will seek reimbursement from me.

I understand that once my bankruptcy is filed, I will not be legally obligated to pay any fees to The Semrad Law Firm, LLC. If any fees are owed to The Semrad Law Firm, LLC and not paid as of the filing of the bankruptcy, they will be discharged in the bankruptcy and may not be collected by The Semrad Law Firm, LLC or it assignees. After my bankruptcy is filed, I may sign a second retainer agreement promising to pay fees for the remainder of my representation in consideration of services to be performed by The Semrad Law Firm, LLC after the filing of my bankruptcy. I understand that I will be under no obligation to do so and can refuse to sign such an agreement. However, The Semrad Law Firm, LLC reserves the right to withdraw from my representation in the event that I do not sign a second retainer within 10 days after the filing of my case. I have been advised that I have a right to consult other counsel before I sign

Miguel C. Salazar Matter Number 483485-001



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the second retainer. Further, if I do not wish for The Semrad Law Firm, LLC to represent me, I always have the right to seek any other legal counsel.

I further understand that the fee to be paid pursuant to the terms of this Contract is a flat fee, and that this fee shall immediately become the property of The Semrad Law Firm, LLC, in exchange for a commitment by The Semrad Law Firm, LLC, to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC, and will be used for general expenses of the firm.

As The Semrad Law Firm, LLC has duties to me as its client, I likewise have responsibilities. I agree to fully cooperate with The Semrad Law Firm, LLC This includes, but is not limited to, providing The Semrad Law Firm, LLC with all information necessary and related to my bankruptcy case. In addition, I must attend all scheduled Court hearings and meetings.

I understand that I am to notify my creditors of my bankruptcy case once my Chapter 7 case is filed. I understand that The Semrad Law Firm, LLC is not liable or responsible for any illegal collection actions taken by my creditors once my case is filed.

I also understand that, if I am filing a joint case, the use of the personal pronouns "I", "me" or "my" are binding upon each signatory individually. I also understand that the laws of the State of Illinois are applicable to enforcement of this contract. Moreover, any change in this Contract is null and void unless it is in writing and signed by The Semrad Law Firm, LLC or an agent thereof.

Date: 7/8/16

O..O. ... \_

Client \_\_\_\_\_

Attorney

Miguel C. Salazar Matter Number 483485-001 Initial:

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

#### Chapter 7: Liquidation

|   | \$245 | filing fee         |
|---|-------|--------------------|
|   | \$75  | administrative fee |
| + | \$15  | trustee surcharge  |
|   | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

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- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form — the Chapter 7 Means Test Calculation (Official Form 122A-2). The calculations on the form— sometimes called the Means Test —deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

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your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### Chapter 11: Reorganization

|   | \$1,717 | total fee          |
|---|---------|--------------------|
| + | \$550   | administrative fee |
|   | \$1,167 | filing fee         |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$275 | total fee          |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$200 | filing fee         |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

## Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

## Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

## Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

# Case 16-22075 Doc 1 Filed 07/08/16 Entered 07/08/16 16:13:33 Desc Main UNITED STATES BANKBURTCY GOURT Northern District of Illinois

| In re: | Salazar, Miguel C.                            | Case No  |         |
|--------|---|--|---------|
| _      | Debtor(s)                                     |  |         |
|        |   | Chapter. Chapter7  |         |
|        | VERIFICAT                                     | ION OF CREDITOR MATRIX   |         |
|        | The above named Debtors hereby verify that th | e attached list of creditors is true and correct to the best of their know | vledge. |
|        |   |  |         |
| Date:  | 7/8/2016                                      | /s/ Salazar, Miguel C.   |         |
|        |   | Salazar, Miguel C.   |         |

Signature of Debtor

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GREAT LAKES CR UN 2525 GREEN BAY RD NORTH CHICAGO, IL 60064 LISA

CITIZENS FIN 188 Industrial Dr. # 128 Elmhurst , IL 60126 USA

DIVERSIFIED CONSULTANT 10550 DEERWOOD PARK BLVD JACKSONVILLE , FL 32256 USA

TRI-STATE ADJUSTMENTS 3439 EAST AVE S LA CROSSE , WI 54601 USA

SPRINGLEAF 1 E 1ST ST FLINT , MI 48502 USA

SPRINGLEAF 1 E 1ST ST FLINT, MI 48502

Harvard Collection Services, Inc. 4839 N Elston Ave Chicago , IL 60630 USA

Woodland Family Dental Care 6631 Grand Ave Ste 1 Gurnee , IL 60031 USA

Sprint P.O. Box 219554 Kansas City , MO 64121 USA

Arnold Scott Harris, PC - 111 W JACKSON 111 W JACKSON # 600 Chicago , IL 60604 USA

Warren Township High School District 121 34090 N Almond Rd Gurnee , IL 60031 USA

Capital One Bank PO Box 71083 Charlotte , NC 28272 USA Case 16-22075 Doc 1 Filed 07/08/16 Entered 07/08/16 16:13:33 Desc Main

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CITI CARDS PO BOX 6497 SIOUX FALLS, SD 57117 USA

IDOR PO Box 64338 Chicago , IL 60664 USA

Salazar, Gloria 1108 N. Mcaree Waukegan , IL 60085 USA

ILDHFS 509 S. 6TH STREET SPRINGFIELD , IL 62701 USA

| Debtor 1 Miguel ase 16-2                     | 2075 Doc 1 Filed 07/0  | 19716 Entered 0 7708/176 16:  | T3:3 <del>3 Desc Main</del>   |
|--|--|---|---|
|  | Docume<br>uestions for Reporting Purpose   | USE FULLIO  |   |
| 16. What kind of debts do you have?          | 16a. Are your debts primarily  | r consumer debts? Consumer debts ual primarily for a personal, family, or                     | <del>-</del>  |
|  | Yes. Go to line 17.  |   |   |
|  |  | business debts? Business debts a  | re debts that you incurred to   |
|  |  | ss or investment or through the oper  | •   |
|  | investment.  |   |   |
|  | No. Go to line 16c.  |   |   |
|  | Yes. Go to line 17.  |   |   |
|  | 16c. State the type of debts yo  | u owe that are not consumer debts o   | or business debts.  |
| 17. Are you filing under<br>Chapter 7?       | ☐ No. I am not filing under Chapter  | 7. Go to line 18.   |   |
| Do you estimate that after any exempt        | Yes. I am filing under Chapter 7. Dipaid that funds will be available  | o you estimate that after any exempt property is<br>ple to distribute to unsecured creditors? | s excluded and administrative expenses are                                    |
| property is excluded                         | ☑ No.  |   |   |
| and administrative<br>expenses are paid that | at Yes.  |   |   |
| funds will be available                      |  |   |   |
| for distribution to                          |  |   |   |
| unsecured creditors?                         | tion of the second of the seco | *****   |   |
| 18. How many creditors                       | <b>1</b> -49   | 1,000-5,000   | 25,001-50,000   |
| do you estimate that                         | 50-99  | 5,001-10,000  | <b>5</b> 0,001-100,000  |
| you owe?                                     | 100-199  | 10,001-25,000   | More than 100,000   |
|  | 200-999  |   |   |
| <sup>19.</sup> How much do you               | \$0-\$50,000   | \$1,000,001-\$10 million  | \$500,000,001-\$1 billion   |
| estimate your assets                         | \$50,001-\$100,000   | \$10,000,001-\$50 million   | \$1,000,000,001-\$10 billion  |
| to be worth?                                 | \$100,001-\$500,000<br>\$500,001-\$1 million   | \$50,000,001-\$100 million<br>\$100,000,001-\$500 million                                     | \$10,000,000,001-\$50 billion  More than \$50 billion                         |
|  |  | · · · · · · · · · · · · · · · · · · ·   |   |
| 20. How much do you                          | ✓ \$0-\$50,000<br>☐ \$50,001-\$100,000   | \$1,000,001-\$10 million  | \$500,000,001-\$1 billion   |
| estimate your liabilities to be?             | \$100,001-\$500,000  | \$10,000,001-\$50 million<br>\$50,000,001-\$100 million                                       | \$1,000,000,001-\$10 billion  |
| naomnes to be:                               | \$500,001-\$1 million  | \$100,000,001-\$500 million   | ☐ \$10,000,000,001-\$50 billion<br>☐ More than \$50 billion                   |
| Part 7: Sign Below                           | had vood, oo rot ramon   | \$100,000,001-\$300 Hallon  | More than \$50 billion  |
| For you                                      | I have examined this petition, as and correct.   | nd I declare under penalty of perjury   | that the information provided is true   |
|  |  | contar 7. Lam awara that I may pro-   | and if all all a condant Charles 7 44 40                                      |
|  | or 13 of title 11, United States C<br>proceed under Chapter 7.   | Code. I understand the relief available   | eed, if eligible, under Chapter 7, 11,12, under each chapter, and I choose to |
|  | If no attorney represents me and fill out this document, I have obt  | d I did not pay or agree to pay some<br>tained and read the notice required b                 | one who is not an attorney to help me y 11 U.S.C. § 342(b).                   |
|  | I request relief in accordance wi  | th the chapter of title 11, United State  | es Code, specified in this petition.  |
|  |  | tement, concealing property, or obtainse can result in fines up to \$250,000                  | ning money or property by fraud in<br>), or imprisonment for up to 20 years,  |
|  | or both. 18 U.S.C. §§ 152, 1341,   |   |   |
|  | /s/ Miguel Salazar   | en ×  |   |
|  | Signature of Debtor 1  | Signature of  | of Debtor 2   |
|  | Executed on 7/8/2016   | Executed  |   |
|  | MM / DD /  | TTTT  | MM / DD / YYYY  |

| Cill in this info       | ormation to identify your case:                     |                           |                                | <b>133</b> /16 16:13:33     | Desc Main                          |
|-------------------------|---|---------------------------|--------------------------------|-----------------------------|------------------------------------|
| THE RT 10 II.5 HERE     | ornation to identify your case.                     | Docum                     | ent rage 04 or t               | 00 T                        |                                    |
| Debtor 1                | Miguel  | C.                        | Salazar                        |                             |                                    |
|                         | First Name  | Middle Name               | Last Name                      | -                           |                                    |
| Debtor 2                |   |                           |                                |                             |                                    |
| (Spouse, if fil         | ling) First Name                                    | Middle Name               | Last Name                      | _                           |                                    |
| United States           | s Bankruptcy Court for the:                         | Northern                  | District of Illinois           |                             |                                    |
|                         |   |                           | (State)                        | -                           |                                    |
| Case number             | r   |                           |                                | _                           |                                    |
| (If known)              |   |                           |                                |                             |                                    |
| Official                | Form 106Dec   |                           |                                |                             | Check if this is an amended filing |
| Declara                 | ation About an                                      | Individual De             | btor's Schedule                | es                          | 12/15                              |
| f two married           | d people are filing together, b                     | oth are equally responsit | le for supplying correct info  | rmation                     |                                    |
| Part 1: Sig<br>Did you  | pay or agree to pay someon                          | e who is NOT an attorney  | to help you fill out bankruptc | y forms?                    |                                    |
| ☐ Yes                   | . Name of person                                    |                           | Attach Rankruntcy Petiti       | on Preparer's Notice, Decla | ration and                         |
| <u> </u>                |   |                           | Signature (Official Form       |                             | rauon, and                         |
|                         |   |                           | • ,                            | ,                           |                                    |
|                         |   |                           |                                |                             |                                    |
|                         |   |                           |                                |                             |                                    |
| Under p                 | enalty of perjury, I declare th                     | at I have read the summar | y and schedules filed with thi | is declaration and          |                                    |
| that they               | y are true and correct.                             | at I have read the summar |                                | is declaration and          |                                    |
| that they               | y are true and correct.<br>uel Salazar              | at I have read the summar | y and schedules filed with th  | is declaration and          |                                    |
| that they               | y are true and correct.                             | at I have read the summar |                                |                             | :<br>:                             |
| /s/ Migu<br>Signature   | y are true and correct.  uel Salazar  e of Debtor 1 | at I have read the summar | Signature of E                 |                             |                                    |
| ★ /s/ Migu<br>Signature | y are true and correct.  uel Salazar  e of Debtor 1 | at I have read the summar | Signature of E                 |                             |                                    |

|          |   | -22013  | Middle Name D(      | ocument            | — Entered 07/08/16 16:13:33 Desc Main Page 65 of 68                                    |
|----------|---|---|---------------------|--------------------|--|
|          | fithin 2 years before editors, or other par                   | •   |                     |                    | tatement to anyone about your business? Include all financial institution              |
| <u>.</u> | No  | , 1500V   |                     |                    |  |
|          | Yes. Fill in the deta   | ils below.  |                     |                    |  |
|          |   |   |                     | Date issued        |  |
|          | Name  |   |                     | MM/DD/YYYY         |  |
|          | Number Street   |   |                     | <del></del>        |  |
|          | City  | State   | Zip Code            | <del></del>        |  |
| Part 12  | Sign Below  |   |                     |                    |  |
| ban      | denintari acca acc  |   | ,                   | i, conceaning pro- | perty, or obtaining money or property by fraud in connection with a                    |
|          | v   | sult in fines up<br>Miguel Salazar                                | to \$250,000, or in |                    | to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.                          |
|          | <b>x</b>  |   | to \$250,000, or in |                    | o to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.                        |
|          | <b>x</b>  | Miguel Salazar  | to \$250,000, or in |                    | o to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.                        |
| Did      | X /s/<br>Signal<br>Date                                       | Miguel Salazar<br>ture of Debtor 1<br>7/8/2016                    | to \$250,000, or in | nprisonment for u  | Signature of Debtor 2  Date  |
| Did      | X /s/<br>Signal<br>Date                                       | Miguel Salazar<br>ture of Debtor 1<br>7/8/2016                    | to \$250,000, or in | nprisonment for u  | o to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Signature of Debtor 2 |
| Did      | ★ <u>/s/</u><br>Signal<br>Date<br>you attach addition         | Miguel Salazar<br>ture of Debtor 1<br>7/8/2016                    | to \$250,000, or in | nprisonment for u  | Signature of Debtor 2  Date  |
|          | /Signal Date  you attach addition No Yes                      | Miguel Salazar<br>ture of Debtor 1<br>7/8/2016<br>nal pages to Yo | to \$250,000, or im | inprisonment for u | Signature of Debtor 2  Date  |
|          | /Signal Date  you attach addition No Yes                      | Miguel Salazar<br>ture of Debtor 1<br>7/8/2016<br>nal pages to Yo | to \$250,000, or im | inprisonment for u | Signature of Debtor 2 Date  or Individuals Filing for Bankruptcy (Official Form 107)?  |
|          | /Signal Date  you attach addition No Yes  you pay or agree to | Miguel Salazar<br>ture of Debtor 1<br>7/8/2016<br>nal pages to Yo | to \$250,000, or im | inprisonment for u | Signature of Debtor 2 Date  or Individuals Filing for Bankruptcy (Official Form 107)?  |

Debtor MiguCase 16-22075 Doc 1 Filed 07/9മിഷ്ട് Entered 07/98/വർഷ്ട് 23:33 Desc Main Middle Name Document Name age 66 of 68 (n)

First Name

| Part 2: | List | Your ! | Unexpi | red Pe | rsonal | Prop | ertv | Leases |
|---------|------|--------|--------|--------|--------|------|------|--------|
| · UIT L |      |        | p.     | ,      |        |      | ,    |        |

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

| Describe your unexpired personal property leases   |  |
|--|--|
| Lessor's name:   | The three real cases of the first three three three controls are the control of t |
| Description of leased property:  |  |
| Lessor's name:   | □ No □ Yes   |
| Description of leased property:  |  |
| Lessor's name:   | □ No Tes   |
| Description of leased property:  |  |
| Lessor's name:   | □ No □ Yes   |
| Description of leased property:  |  |
| Lessor's name:   | □ No<br>□ Yes  |
| Description of leased property:  |  |
| Lessor's name:   | □ No □ Yes   |
| Description of leased property:  |  |
| Lessor's name:   | □ No □ Yes   |
| Description of leased property:  |  |
| t3: Sign Below   |  |
| Under penalty of perjury, I declare that I have indicathat is subject to an unexpired lease. | ated my intention about any property of my estate that secures a debt and any personal property  |
| ★ /s/ Miguel Salazar Signature of Debtor 1   | Signature of Debtor 1  |
| Date 7/8/2016<br>MM/DD/YYYY  | Date MM/DD/YYYY  |

## Case 16-22075 Doc 1 Filed 07/08/16 Entered 07/08/16 16:13:33 Desc Main Doc 10 Northern District of Illinois

| In re: | Salazar, Miguel C.                    | Case No  | Case No.                                 |  |  |  |  |
|--------|---------------------------------------|--|--|--|--|--|--|
|        | Debtor(s)                             |  |  |  |  |  |  |
|        |                                       | Chapter.   | Chapter7                                 |  |  |  |  |
|        | VERII                                 | FICATION OF CREDITOR MATE                        | RIX                                      |  |  |  |  |
|        | The above named Debtors hereby verify | y that the attached list of creditors is true an | d correct to the best of their knowledge |  |  |  |  |
| Date:  | 7/8/2016                              | /s/ Salazar, Miguel C                            | yld                                      |  |  |  |  |
| Date   | 7/8/2010                              | Salazar, Miguel C.                               | -/X 9 × V                                |  |  |  |  |
|        |                                       | Signature of Debtor                              | 1  |  |  |  |  |

| Debtor 1         | MigueCase 16-22075 First Name  | DOC 1                                 | Filed 07/98/16   |  | L07#08#16-16-1                        | B:3 <u>3</u> | Desc Mai         | n              |
|------------------|--|---------------------------------------|--|--|---------------------------------------|--------------|------------------|----------------|
|                  | PHSC NAME  | MUDIE NATIE                           | Docum <b>e</b> rit <sup>lame</sup>                     | Page 68                                | Of 68<br>Column A<br>Debtor 1         | De           | olumn B          |                |
| Do no            | ployment compensation<br>t enter the amount if you contend t   | hat the amount                        | received was a benefit un                              | der the                                | \$0.00                                | -            | on-filing spouse |                |
| Social<br>For yo | Security Act. Instead, list it here:   |                                       | \$0.00   |  |                                       |              |                  |                |
| -                | ur spouse  | nation regularities (included a la co | \$0.00   |  |                                       |              |                  |                |
|                  | on or retirement income. Do no tunder the Social Security Act.   | t include any an                      | nount received that was a                              |  | \$0.00                                | -            |                  |                |
| Do not receive   | ne from all other sources not I<br>tinclude any benefits received und<br>ed as a victim of a war crime, a cri<br>stic terrorism, If necessary, list oth<br>elow. | der the Social S<br>ime against hur   | ecurity Act or payments<br>nanity, or international or |  |                                       |              |                  |                |
|                  |  |                                       |  |  |                                       | _            |                  |                |
| Total a          | mounts from separate pages, if a   | ny.                                   |  |  | +\$0,00                               | +_           |                  |                |
|                  | ulate your total current monthl<br>mn. Then add the total for Column   |                                       |  | ch                                     | \$4,304.40                            | +            |                  | \$4,304.40     |
|                  |  |                                       |  |  |                                       |              |                  | Total current  |
| Part 2:          | Determine Whether the N  | laane Taet /                          | Annlies to You   |  |                                       |              |                  | monthly income |
|                  | late your current monthly inco   |                                       |  |  | · · · · · · · · · · · · · · · · · · · |              |                  |                |
| 12a. C           | opy your total current monthly inco  | ome from line 1                       | 1,   |  | Co                                    | by line 11   | l here →         | \$4,304.40     |
| ı                | Multiply by 12 (the number of mont   | ths in a year).                       |  |  |                                       |              |                  | X 12           |
| 12b. T           | he result is your annual income fo   | r this part of the                    | form.  |  |                                       |              | 12b.             | \$51,652.80    |
|                  |  |                                       | <b></b>  |  |                                       |              |                  |                |
| 13 Calcul        | ate the median family income t   | that applies to                       |  |  |                                       |              |                  |                |
| Fill in t        | he state in which you live.  |                                       | Illinois   |  |                                       |              |                  |                |
| Fill in t        | he number of people in your hous   | ehold.                                | 2  | · V· · · · · · · · · · · · · · · · · · |                                       |              |                  |                |
| Fill in t        | he median family income for your   | state and size o                      | of household.  |  |                                       |              | 13.              | \$63,896.00    |
|                  | a list of applicable median incom<br>tions for this form. This list may als  |                                       |  |  | ırate                                 |              |                  | <u> </u>       |
| 14. How o        | to the lines compare?  |                                       |  |  |                                       |              |                  |                |
| 14a. 💽           | Line 12b is less than or equal to Go to Part 3.  | o line 13. On the                     | e top of page 1, check box                             | x 1, There is no                       | presumption of abuse.                 |              |                  |                |
| 14b.             | Line 12b is more than line 13, C<br>Go to Part 3 and fill out Form 1   | On the top of pag<br>22A-2.           | ge 1, check box 2, The pr                              | esumption of at                        | use is determined by Fr               | orm 122/     | <b>4-2</b> .     |                |
| Part 3:          | Sign Below   |                                       |  |  |                                       |              |                  |                |
|                  |  |                                       |  |  |                                       |              |                  |                |
| By sig           | ming here, I declare under penalty   | of perjury that                       | the information on this sta                            | atement and in                         | any attachments is true               | and con      | rect.            |                |
|                  | s/ Miguel Salazar  | U.                                    |  | <b>x</b>                               |                                       |              |                  | _              |
| Si               | gnature of Debtor 1 / 7  |                                       |  | Signatur                               | e of Debtor 2                         |              |                  |                |
| D                | ate 7/8/2016<br>MM/DD/YYYY   |                                       |  | Date 7/N                               | 8/2016<br>IM/DD/YYYY                  |              |                  |                |
|                  |  |                                       |  |  |                                       |              |                  |                |
|                  | ou checked line 14a, do NOT fill o<br>ou checked line 14b, fill out Form   |                                       |  |  |                                       |              |                  |                |